

## Parents and Teachers on Teaching

# Human Sexuality

# To prepare students for lives as responsible adults and for their potential role as parents.

To enhance the ability of students to be productive, effective, communicating members of their present and future families.

To foster the knowledge, values, attitudes, and skills that build and nurture healthy relationships.

#### Revised July 2006

Utah State Office of Education 250 East 500 South P.O. Box 144200 Salt Lake City, UT 84114-4200

Patti Harrington, Ed.D. State Superintendent of Public Instruction



Junior High School

## AND TEACHERS ON TEACHING

**HUMAN SEXUALITY** 

A RESOURCE GUIDE FOR PARENTS

JUNIOR HIGH SCHOOL LEVEL

#### **Revised March 2006**

Produced by the Utah State Office of Education

250 East 500 South P.O. Box 144200 Salt Lake City, Utah 84114-4200

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#### CORE STANDARD

## **STANDARD** 7100–02

The students will demonstrate an understanding of human sexuality, its psychological, social, emotional, and physical implications of developing and maintaining a responsible healthy lifestyle.

#### **Objectives**

- **7100–02–01.** Identify the physical and emotional aspects of relationships and apply effective communication skills.
- **7100–02–02.** Recognize the physical, social, and emotional development that occurs during adolescence.
- **7100–02–03.** Understand the anatomy and physiology of the male and female reproductive systems.
- **7100–02–04.** Identify the benefits of premarital sexual abstinence and stress the long-term benefits of strong families and fidelity.
- **7100–02–05.** Recognize factors that influence responsible decision making.
- **7100–02–06.** Develop and apply decision making and refusal skills.
- **7100–02–07.** Demonstrate a knowledge of conception, fetal development, and prenatal care necessary to make responsible choices.
- **7100–02–08.** Recognize the impact teen pregnancies have on quality of life, changes of lifestyle, and incidence of child abuse.
- **7100–02–09.** Discuss the legal, social, and emotional implications associated with pornography, sexual abuse, incest, rape, and sexual harassment.

### TABLE OF CONTENTS

Page	Page
INTRODUCTIONvii  OBJECTIVE 1	OBJECTIVE 8
OBJECTIVE 2	OBJECTIVE 9
Understand the anatomy and	APPENDIX Appendix page
physiology of the male and female reproductive systems.	Human Sperm and the Male Reproductive System
OBJECTIVE 421	Testicular Self-Examination4
Identify the benefits of premarital	Female Reproductive System5
sexual abstinence and stress the long-term benefits of strong families and fidelity.	Breast Self-Examination
rai i illes di la fidelliy.	Fetal Development 8
OBJECTIVE 5	Social and/or Emotional Effects of Sexual Abuse10
responsible decision making.	Contraception11
OBJECTIVE 6	GLOSSARY
OBJECTIVE 7	

## Framework and Rationale for Utah State Human Sexuality Education

#### INTRODUCTION

The mission of public education in Utah is "To empower each student to function effectively in society as a competent, productive, caring, and responsible citizen." This mission will best be accomplished if major emphasis is given not only to gaining knowledge and skills, but also to the individual's character development and ethical/moral/spiritual standards.

Parents are the primary agents in the definition and transmission of values and the building of character in our students; however, the public schools can support and enhance the efforts of parents in this significant endeavor. It is in the context of the stated mission of public education and the emphasis on character and values that this resource guide for parents and teachers has been developed.

#### The general purposes and goals of this program are to assist parents and teachers to:

- A. Prepare students for life as responsible adults and for their potential role as parents.
- B. Enhance the ability of students to be productive, effective, communicating members of the family and society.

- C. Foster in students the knowledge, values, attitudes, and skills that build and nurture healthy relationships.
- D. Instill in students a desire for physical, mental, emotional wellbeing, and ethical/moral/spiritual knowledge and practices that promote health and wellness.
- E. Develop students' understanding of interrelationships of physical, emotional, and moral development, with an emphasis on the changes that occur during adolescence.
- F. Develop students' understanding of and respect for the power to create life.
- G. Understand what sexual abuse and sexual harassment are and why they are unacceptable.
- H. Develop and enhance skills necessary for responsible decision making.
- I. Recognize, understand, and evaluate influences that impact decisions regarding sexual behaviors.
- J. Provide information on available and appropriate use of community and professional resources.

Framework and Rationale for Utah State Human Sexuality Education (continued)

#### INTRODUCTION

The purpose of this guide is to develop within students responsible sexual behavior both in the context of abstinence before marriage and fidelity after marriage. The goal of this guide is to promote abstinence. If you choose to use a different resource, it must subscribe to the same philosophy and be consistent with the human sexuality objectives contained in the responsible healthy lifestyles core curriculum.

It is intended that students will understand that sexuality includes more than just sexual activity. It also includes the following:

#### Our values and goals...

About men, women, human relationships, families...

What kind of person do I want to be? As a man or a woman, what is important for me to do with my life? How should people treat one another? What values are important to me and my decisions?

#### Our decisions...

The ones we make about ourselves, our future, our bodies, and our relationships with others...

How do I incorporate my values into my decisions? How can I make decisions which contribute in a

positive way to my sense of wellbeing? What decisions protect my future?

#### Our feelings...

Love, warmth, belonging, self-respect, intimacy...

What is love? How does it feel to love another person and to be loved? How do I feel if I am proud of myself and my actions? How do others influence my feelings? How can I talk about my feelings with others?

#### Our bodies...

The reproductive anatomy and physiology that makes us uniquely male or female...

How do I feel about my body and the way it is changing? Do I like the way I look? How do I care for my body?

#### Our behaviors...

The ways in which we communicate with and behave toward one another, especially as it concerns male/female relationships...

How do I communicate verbally and nonverbally? What are the ways in which people express love and affection? Is my behavior consistent with my values?

### INTRODUCTION

#### Our habits and character...

Am I trustworthy, honest, fair, responsible? Do I sacrifice immediate pleasure for long-term benefits?

#### Our relationships...

With our family, friends, acquaintances.

What qualities contribute to positive relationships? How do I foster positive relationships and avoid unhealthy ones?

On occasion, an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental consent requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

#### IAW&POIICY

At each level (elementary, middle/junior high, and high school) the program must have the informed cooperation of the parents or guardians. In order to demonstrate this cooperative effort, the district must provide the patron community with opportunities for involvement with an understanding of the content and materials of the curriculum and the processes to be used to teach the curriculum.

**School systems** may implement programs that are abstinence based and enable and encourage young people who have not engaged in sexual intercourse to continue to:

Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.

For young people who have engaged in sexual intimacies, school programs should be aimed at helping:

Youth involved in sexual relations to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage. Teachers must be aware that state law requires prior written parental consent before including any aspect of contraception in the curriculum.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to that reasonably necessary under the circumstances.

Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall not be considered a violation of policy.

**The State Board** has adopted the State Textbook Commission Guidelines. The following may not be taught:

1. The intricacies of intercourse, sexual stimulation, or erotic behavior.

#### LAW&POLICY

- 2. The advocacy of homosexuality.
- 3. The advocacy or encouragement of the use of contraceptive methods or devices by unmarried minors.
- 4. The advocacy of sexual promiscuity or sexual activity outside of marriage.

The following is Utah law regarding offenses against the family.

#### **76–7–104.** Fornication.

- (1) Any unmarried person who shall voluntarily engage in sexual intercourse with another is guilty of fornication.
- (2) Fornication is a class B misdemeanor

The following is Utah law regarding morality.

#### 53A-13-101(4).

Honesty, temperance, morality, courtesy, obedience to law, respect for and an understanding of the constitutions of the United States and the State of Utah, the essentials and benefits of the free enterprise system, respect for parents and home, and the dignity and necessity of honest labor and other skills, habits, and qualities

of character which will promote an upright and desirable citizenry and better prepare students for a richer, happier life shall be taught in connection with regular school work. This law was interpreted by the Attorney General to mean:

"Because the law mandates the teaching of morality, and mandates the obedience to law[s]... prohibiting such things as lewdness, sodomy, obscenity, and contributing to the delinquency of minors; and mandates teaching which will prepare youth for a richer, happier life, it is my opinion, that it is clearly appropriate that the public schools teach chastity to their students. Certainly nothing should be done or condoned by teachers or administrators which would teach, promote, or condone immorality or unchastity."

(Robert B. Hansen, Attorney General, November, 1978)

The following is the Utah law regarding abortion.

76–7–321. Contraceptive and abortion

#### LAW&POLICY

#### services-Funds-Minor-Definitions

As used in this act [Sections 76–7–321 to 76–7–324]:

- (1) "Abortion services" means any material, program, plan, or undertaking which seeks to promote abortion, encourages individuals to obtain an abortion, or provides abortions.
- (2) "Contraceptive services" means any material, program, plan, or undertaking that is used for instruction on the use of birth control devices and substances, encourages individuals to use birth control methods, or provides birth control devices.
- (3) "Funds" means any money, supply, material, building, or project provided by this state or its political subdivisions.
- (4) "Minor" means any person under the age of 18 who is not otherwise emancipated, married, or a member of the armed forces of the United States.

## 76–7–322. Public funds for provision of contraceptive or abortion services restricted.

No funds of the state or its political subdivisions shall be used to provide contraceptive or abortion services to an unmarried minor without the proper written consent of the minor's parent or guardian.

The concepts discussed in the classroom about friendship are designed to help students understand relationships. Parents may also want to discuss friendships. The activities on pages two and three may assist with this discussion.

#### TEACHER RESOURCE

#### OBJECTIVE 1:

Identify the physical and emotional aspects of relationships and apply effective communication skills.

#### **RELATIONSHIPS**

Relationships require the consideration of all parties and their individual needs.

Certain behaviors and attitudes can promote or damage friendships.

These behaviors may influence other relationships.

#### **FRIENDSHIPS**

Friendships are one type of relationship. There are different types of friendships: acquaintance friendships and close friendships.

Acquaintance friendships include a large group of friends who may just say "hi" to each other in the halls. Close friends are a smaller group.

The following qualities may enhance friendships:

- **Respect** is acknowledging the value and worth of another person's opinions and ideas. Self-respect is the beginning of respect for others.
- **Adaptability** is the ability to adjust and compromise.
- Cooperation is working together in a conscious effort to meet a common goal.

Discuss family relationships and how these might be strengthened.

#### TEACHER RESOURCE

 Trust is being able to rely on or have confidence in oneself or someone else.

#### **ACTIVITY**

Have each student write two advertisements:

- **1. Friend Wanted:** List qualities you are looking for in a friend.
- **2. Friend Available:** List qualities you offer as a friend.

Divide the class into small groups. Let the students share their ideas. Have students discuss how these qualities may influence other types of relationships such as dating.

## SOCIAL ASPECTS OF RELATIONSHIPS

As friendships develop and extend, social activities become important. Participation in group activities facilitates the development of social skills needed to get along with others. Group activities allow adolescents to learn what characteristics and qualities in others appeal to them.

Dating is one extension of friendship in which social activities and time with another person are the primary objectives. Adolescents who become involved in early steady dating relationships tend to limit those with whom they associate, are more likely to become sexually active at an earlier age, often get married at a younger age, and have limited involvement in extracurricular and age-appropriate activities.

#### **ACTIVITY**

Have teams of students brainstorm different ideas for group activities including sports, outdoor activities, performing arts, service projects, etc.

What are some of the advantages of these different types of group activities?

Each individual will experience many different relationships in his/her lifetime. Every relationship is different because of the different kinds of feelings experienced and because the people within each relationship are unique. Relationships never stay the same. As circumstances change and as individuals in the relationship change, the relationship itself changes. Good and lasting relationships require work and time.

Prior to the onset of dating, you may want to cooperatively develop your family dating guidelines.

You may wish to consider the following:

- Whom to date and why.
- Appropriate age to begin dating.
- Family curfew.
- Places that are acceptable for dates.
- Single or group dates.
- Other issues specific to your family.
- Benefits of sexual abstinence.

Adolescents in early steady relationships limit those with whom they associate, often want to get married at a younger age, may have limited involvement in age-appropriate and extracurricular activities, often have lower scholastic achievement, and tend to be sexually active at an earlier age.

Parents may want to advise their child to refrain from single dating until he/she is emotionally mature enough to make responsible decisions.

#### TEACHER RESOURCE

#### NOTE TO TEACHER

This is an appropriate place to discuss the benefits of sexual abstinence. These benefits are also addressed in Objective 4.

The following relationships may be experienced during a person's life:

- A crush is when you admire another person from a distance. This person is often older and may be a movie star, singer, or athlete. You do not want to know anything negative about the person. First crushes begin to occur around 9–11 years of age and may be experienced by people of all ages.
- Infatuation is an intense, short-lived, emotional type of love that is usually based on physical attraction. People from teens to adults can experience infatuation. The phrases "love at first sight" and "being wild about someone" describe the idealized situation in which the object of one's affection seems to have no negative qualities. Infatuation may lead to a more realistic relationship over time.
- Immature love is a relationship that is one-sided or very unbalanced. Feelings are usually based on idealization and sometimes unrealistic expectations. Immature love is often

characterized by intense feelings of passion, competition, jealousy, insecurity, status seeking, and a need to control others.

• Mature love is acceptance of and concern for another individual. It is characterized as putting someone else's happiness on the same level as your own. The relationship is mutually enhancing and energizing. You are able to discuss and talk about your goals, likes and dislikes, and feelings.

#### **ACTIVITY**

Contrast the characteristics of infatuation versus mature love.

#### **ACTIVITY**

As we grow and mature, our friendships will change. It sometimes becomes necessary to end certain friendships.

Discuss responsible ways to end a friendship:

- 1. Be honest about the reason for ending the friendship.
- 2. Never gossip or make cruel remarks about former friends.

Practice effective communication skills that will enhance your family relationships. The following may help facilitate effective communication:

- Avoid waiting for a crisis; establish a pattern of holding regular family discussions.
- Choose a time when everyone is relaxed so all family members will be able to talk openly and honestly.
- Identify the topic. Make sure all family members have an understanding of the topic.
- Use plain language.
- Use a tone of voice and words that show acceptance. This demonstrates respect and caring.

#### TEACHER RESOURCE

- 3. If you feel hurt or rejected, stay involved in your usual activities. Rely on friends and family for support.
- 4. Look for new friends.

#### COMMUNICATION

Communication is allowing for the expression of feelings, ideas, and beliefs rather than making assumptions about the thoughts and feelings of another person. Listening is an important part of communication.

Communication plays a vital role in effective relationships. All parties need to talk openly and honestly. The following skills may help facilitate communication.

#### EFFECTIVE LISTENING SKILLS

Sixty to seventy percent (60–70%) of communication is listening, not talking. Your role as a listener may be more important than your role as a speaker. Effective listening takes practice and will do a great deal to enhance your communication skills. Some keys to effective listening are listed below:

- Keep eye contact as you listen.
- Concentrate on what people are saying.

- Eliminate distractions.
- Carry on just one conversation at a time.
- Show interest.
- Listen for the main point.
- Listen for feelings as well as words.
- Be sensitive.
- "Hear" nonverbal expressions.
- Listen for silence and tone of voice.
- Wait until the person has finished talking before you respond.
- Ask questions
- Avoid judgmental or closed responses.

#### TYPES OF COMMUNICATION

- Passive communication occurs when people do not verbally express their own feelings, needs, and opinions.
   Passive communicators tend to delay decisions or allow others to make decisions for them.
- Aggressive communication happens when individuals express their feelings, needs, and opinions, often without regard for the feelings of others.

STRATEGIES

It is helpful to choose language that invites open discussion. Some examples are:

- •"Tell me about it."
- •"I would like to hear about it."
- "It sounds like you've got a problem."
- "This seems pretty important to you."
- •"Tell me the whole story."
- •"Tell me more, please."
- "Do you want to talk about it? Let's discuss it."
- •"Let's hear your side."

The teacher may practice role-playing the scenarios on assertiveness in the classroom.

#### TEACHER RESOURCE

when a person expresses his/her feelings, needs, or opinions in ways that do not discredit the feelings of others. An assertive person acts independently and should be willing to accept the consequences of his/her behavior.

#### **ACTIVITY**

Divide the class into groups of four to six students. Give each group the challenge of formulating a response to one or more of the situations listed below. A group reporter should present the group's response(s) to the class.

- 1. If my friend wanted me to skip school, I would...
- 2. If I knew my friend had used drugs, and someone else asked about it, I would...
- 3. If a friend lied to me and I knew it, I would
- 4. If one friend made fun of another friend, I would...
- 5. If my friends wanted me to stay out later than my parents wanted me to, I would...
- 6. If my friend was always late, I would...

7. If my friends offered me a cigarette, I would...

#### **ACTIVITY**

The following situations can be role-played or used as a worksheet. Have students write their own ideas of the kinds of responses that could be considered passive, assertive, and aggressive communication. You can create other scenarios specifically related to relations, dating, sexuality, and marriage.

- 1. A person calls on the phone—someone you are not especially fond of. You feel you don't have the time or the inclination to talk on the phone.
- 2. A friend asks to borrow something that means a great deal to you. You would rather not lend it.
- 3. You are with a group of friends who are standing around gossiping about a new student in your first period class. You have talked with the new student several times and find him/her to be a very nice person whom you believe would make a good friend.
- 4. As you leave a store after purchasing some items, you

#### TEACHER RESOURCE

discover that your friend has shoplifted.

- 5. You just got a radical haircut with your friends. When you get home, your parents are upset. You think your hair looks great.
- 6. You are babysitting, and a friend of the opposite sex has come over for the evening. The two of you are alone, and the kids are asleep. You would like your friend to leave.
- 7. You are at a party where there are no adults present. A friend shows up with a case of beer. You have made a decision not to drink.
- 8. You are at a party, and your friends begin to pair up and disappear from the group. A friend suggests you do the same. You are very uncomfortable with the situation and decide to leave.

The maturation process and the accompanying emotional or social changes experienced can be very dramatic. Information about what is happening to adolescents and what they might expect during this stage of development will help them though this trying time.

Discuss with your child the physical changes that occur during adolescence. It is important to stress that everyone grows and matures at a different rate. There is no specific age at which any physical change takes place. Students are often uncomfortable with or unsure of their own development. Reassuring your children that they are unique and will develop according to their own timetable will assist them in maintaining a healthy attitude and respect for their own body.

During puberty, feelings of insecurity and self-consciousness are common and normal.

#### TEACHER RESOURCE

#### OBJECTIVE 2:

Recognize the physical, social, and emotional development that occurs during adolescence.

#### **PUBERTY**

The physical and biological growth that changes a child's body into an adult body is termed *puberty*. Puberty is characterized by sexual maturation and linear growth. These changes make the individual reproductively mature. Adolescence is the transition cognitively, sexually, and psychologically from childhood into adulthood. Puberty generally occurs early in adolescence. There are rapid body and hormonal changes that can create self-consciousness and embarrassment.

Puberty in both males and females is triggered by gradually increasing production of hormones by the hypothalmus and pituitary glands, which are located in the brain. Levels of estrogen and progesterone in the female and testosterone and other androgens in the male are increased. The skeletal and reproductive systems mature in response to these hormones.

Puberty has been divided into maturational stages. In observing the junior high classroom, there will be fully mature students, those in the midst of rapid change, and the remainder who have not entered puberty. Each individual has his or her own biological clock.

#### **PUBERTY IN FEMALES**

#### Stage 1

- Production of sex hormones.
- Changes not observable.

#### Stage 2

- Breast tissue begins to develop.
- Pubic and axillary (armpit) hairs begin to appear.
- Increase in size of the labia.
- Growth spurt begins.

#### Stages 3 and 4

- Continued growth of breast tissue.
- Continued growth of pubic and axillary hair and enlargement of the labia.
- Menarche occurs (beginning of periods).
- After menarche, body fat increases.

#### Stage 5

All changes of puberty are complete.

Discuss with your children the difference between being physically mature and capable of reproduction and being emotionally mature and able to care for a child.

#### TEACHER RESOURCE

#### NOTE TO TEACHER:

The order of biological changes may vary. The different steps or stages of development may not be as distinct or easily recognized as these lists would indicate. Some changes may be so slight that they are unnoticed.

#### **PUBERTY IN FEMALES**

The average age puberty begins in girls is  $10 \text{ to } 10\frac{1}{2}$  years, but it may begin anywhere between the ages of 8 and 14. The process usually takes three or more years to complete.

The changes during puberty are divided into five stages. In the **first stage**, the production of sex hormones begins. Physical changes are not yet observable.

In the **second stage**, there are changes in the secondary sexual characteristics. Breast tissue begins to develop. There may be tenderness or hardness underneath the nipple. When fully developed, it is not unusual to have one breast larger than the other. Pubic and axillary (armpit) hairs begin to appear. Occasionally a clear vaginal secretion may be experienced as well as an increase in the size of the labia. The skin secretes more oil, and acne may begin.

Also, during the second stage of puberty, a growth spurt begins. Growth typically occurs first in the extremities—hands, feet, arms, and legs; then the spine and trunk. The rest of the body organs also increase in size.

#### NOTE TO TEACHER:

Hygiene should be emphasized throughout puberty. Body odors associated with sweating and secretions can occur. The use of deoderants and antiperspirants may be necessary.

In the third and fourth stages, there is continued growth of the breast tissue, pubic and axillary hair, and enlargement of the labia. Menarche (the beginning of periods) occurs in either the third or fourth stage. These stages occur approximately  $2\frac{1}{2}$  years after the beginning of puberty. The average age of menarche in the United States is  $12\frac{1}{2}$  to 13 years. Menstrual cycles often are irregular in the first one to two years but regulate with time. Fertility can occur at the onset of menstruation.

After the onset of periods, young women do not get much taller. Body fat increases after menarche. Females' bodies change from 85 to 90 percent lean body mass

#### PARFNI

#### **PUBERTY IN MALES**

#### Stage 1

- Increased production of hormones.
- No observable physical changes.

#### Stage 2

- Increasing size of the testicles.
- Pubic and scrotal hair growth.
- Increased levels of testosterone.
- Development of breast tissue (75 percent of boys experience this.).

#### Stage 3

- Penis starts to grow and testicles continue to increase in size.
- Continued growth of pubic and axillary (armpit) hair.
- Spurts in height occur in response to increased levels of testosterone.
- Skin secretes more oil; acne may begin.

#### Stage 4

- Beginning of facial hair growth.
- Deepening of the voice.
- Penis and testicles continue to grow.
- Greatest increase in height occurs during states 4 and 5.

#### Stage 5

End of development of secondary sex characteristics.

Discuss with your children the difference between being physically mature and capable of reproduction and being emotionally mature and able to care for a child.

#### TEACHER RESOURCE

before puberty to around 75 percent lean body mass after puberty.

The final or **fifth stage** of puberty is when all the changes of puberty are completed.

#### **PUBERTY IN MALES**

Puberty starts between the ages of 10 to 15 years and typically starts  $1\frac{1}{2}$  to 2 years later in boys than girls.

Males also go through five stages of puberty. The **first stage** is defined by the increased production of hormones. There are no observable physical changes.

In the **second stage**, there is an increase in the size of the testicles and minimal pubic and scrotal hair growth. As the testicles grow, increasing levels of testosterone are produced. Over three-fourths of boys may observe development of some breast tissue in response to increasing hormones. The growth of tissue may occur on one or both sides, and is often tender, with a hardness under the nipple.

In the **third stage**, the penis starts to grow, the testicles continue to increase in size, and there is moderate pubic and axillary hair growth. The height spurt begins in response to the increasing levels of testosterone and its effect on the growth plates in the bones. The skin secretes more oil, and acne may begin.

#### ► NOTE TO TEACHER:

Hygiene should be emphasized throughout puberty. Body odors associated with sweating and secretions can occur. The use of deoderants and antiperspirants may be necessary.

Nocturnal emission is a spontaneous ejaculation of seminal fluid from the penis that occurs at night. This typically begins to occur in the third pubertal stage. Fertility (sperm in the fluid) occurs in the third or fourth stage of development.

In the **fourth stage**, there is increasing axillary and pubic hair growth. The beginning of facial hair growth occurs. The deepening of the voice with intermittent voice changes happens in response to the change in size of the vocal cords. The penis and testicles continue to grow in size. The greatest increase in height occurs during stages four and five.

Stage five marks the end of the development of the secondary sex characteristics. The hallmark of this time is the development of musculature and lean body mass. Males may continue to grow following complete pubertal development.

Puberty is governed by hormones and is an ongoing process rather than a particular point in time. Maturation depends upon many factors; consequently the onset of puberty varies from individual to individual.

Physical, social, and emotional changes of puberty may cause your child to feel insecure and self-conscious. Parents should be sensitive to their child's feelings and increased need for privacy. Recognizing that this is a difficult time and being sensitive to your child as he/she develops can make the transition from childhood to adulthood more positive.

It is important to speak openly about changes and to use correct terminology.

Discuss concerns associated with puberty such as hygiene, choice of personal products, clothing, physical discomfort, etc.

As children begin going through puberty, the hormonal changes they experience may also cause an oversecretion of sebaceous or oil glands. That is the reason why many people experience complexion problems at this time. Keeping the face clean of this excess oil may diminish complexion problems. Sometimes, if the problem is severe, a dermatologist may be consulted.

#### TEACHER RESOURCE

## EMOTIONAL AND SOCIAL DEVELOPMENT

There are many emotional and social implications of puberty:

- Individuals going through puberty may feel clumsy or awkward as their bodies grow and change rapidly.
- Individuals may feel embarrassed about development of genitals and breasts, acne, body odor, and voice changes.
- Individuals may feel insecure about the rate at which they are developing. Different rates of development can cause embarrassment.
- During puberty, emotions can change rapidly, fluctuating from happiness to sadness, anger to silliness, highs to lows. These changes are most commonly caused by hormonal changes and occur in both males and females.
- Feelings of physical attraction to other people begin to develop.
- Individuals may want to try out more adult roles and behaviors, since they are becoming more mature physically.

 Parents and other adults may expect youth to act more like adults. Youth may feel unprepared for adult responsibilities.

#### **ACTIVITY**

Discuss the social and emotional implications of puberty. Stress the importance of sensitivity to others.

#### **ADOLESCENCE**

Adolescence is the transition cognitively, socially, and psychologically from childhood into adulthood. In order to become an adult, the individual needs to develop his or her own separate identity. Adolescent transition can become a time of conflict over control issues as individuals attempt to develop independence. Physical, social, and emotional growth and development continue during adolescence.

Share your memories of puberty, including changes experienced and the emotions involved with those changes.

#### TEACHER RESOURCE

#### **ACTIVITY**

Review and discuss the following information with students:

- Puberty ends when an adolescent is sexually mature. Girls are physically capable of becoming pregnant when they start menstruating. Boys are physically capable of impregnating females when they start producing sperm.
- Physical maturity occurs before emotional maturity. While adolescents are sexually mature when puberty ends, they are rarely emotionally or socially mature.
- Adolescents need time to grow and understand their feelings. They need to learn to be responsible for themselves and their relationships with others.

#### **GENDER ROLES**

Teens are in the process of learning to become adults. Their attitudes and beliefs change rapidly as they develop. Part of the learning of teen years has to do with gender roles (what it means to be a male or female). A role is a pattern of behavior. Gender role stereotypes are a set of rigid ideas about how males and females should behave. Gender role stereotyping may help or hinder personal development.

Traditionally, males have been expected to show their "masculinity" by being aggressive, active, brave, and not expressing tender emotions. Females were expected to show their "femininity" by being passive, pleasing to others, dainty, and expressive.

The attitudes of many men and women are changing. Both genders are now beginning to do things that have traditionally been thought of as "male" or "female."

#### **ACTIVITY**

Have students complete the worksheet on the next page. Divide the class into groups of six to eight. Have them compare and contrast their answers.

The attitudes of many men and women are changing. Both genders are now beginning to do thing that have traditionally been thought of as "male" or "female."

Complete the form in the Teacher Resource section to the right. Compare your answers with those of your child. Discuss similarities and differences.

#### TEACHER RESOURCE

#### **ACTIVITY GENDER ROLE EXPECTATIONS** Who should do the following jobs? Male Both Not Sure **Female** HOUSEHOLD A. Indoor cleaning, dusting, etc. B. Mowing the lawn, taking care of the garden, etc. **CHILDREN** A. Guiding and disciplining B. Helping with school work C. Teaching family values D. Attending school parent/teacher conferences, etc. E. Teaching about sex MONEY A. Keeping track of family spending (groceries, clothes, etc.) B. Paying the bills C. Planning the family budget **DECISIONS** A. When to buy a car B. When and how to remodel the house C. How to spend family money D. When to have children **FAMILY RESPONSIBILITIES** A. Running errands B. Shopping for groceries C. Taking care of the car (filling with gas, oil, etc.) D. Taking children to activities **RELATIONSHIPS** A. Initiating kissing, hugging, or holding hands B. Solving problems C. Calling for a date D. Initiating getting together with friends or planning a party E. Getting together with his or her friends

A very careful definition of homosexuality has been prepared for teachers. According to policy, teachers do not advocate homosexuality as a desirable or healthy lifestyle. Teachers also do not try to create biases against individuals who are homosexual.

The Teacher Resource section does not discuss the morality of homosexuality. Parents may choose to talk to their children about this sensitive issue and put it in the perspective of their family values or religious beliefs.

#### TEACHER RESOURCE

#### **SEXUAL IDENTITY**

During the teenage years, young people develop sexual and romantic feelings toward others. The majority of people will love and establish close relationships with persons of the opposite sex. This is called heterosexuality. Some people are sexually attracted to people of their own sex, which is known as homosexuality. Some people may be sexually attracted to both men and women. These people are referred to as bisexual.

Since different religious and family teachings offer various views of sexuality, it is important that young people discuss this issue with parents or clergy.

Some teenagers who have close, caring relationships with members of their own sex may wonder if they are homosexual. Close, warm friendships are normal and do not indicate a sexual lifestyle. In addition, homosexuality is not determined or indicated by one's physical appearance, style of dress, hobbies, or interests. Each of us may come in contact with homosexual individuals without ever being aware of it.

Although a factual understanding of the human reproductive systems cannot be the only ingredient in the teaching of human sexuality, a healthy respect for human sexuality is dependent in part upon a factual understanding of anatomy, physiology, and the growth and development of the reproductive systems.

#### TEACHER RESOURCE

#### OBJECTIVE 3:

Understand the anatomy and physiology of the male and female reproductive systems.

#### **RESPECT**

Respect for human sexuality is dependent in part upon a factual understanding of anatomy, physiology, and the growth and development of the reproductive systems.

Caring for the reproductive system is essential to maintaining a healthy life. There is a need for informed, responsible behavior with respect to reproduction. It is important for people to understand how their bodies function. Lack of information can contribute to irresponsible behavior that can have a devastating effect.

The brain is an important part of the reproductive process. It influences perceptions of sexuality and controls sex drive and hormonal functions.

#### PARFNI

Review the physiology and anatomy of the male and female reproductive systems. Use appropriate terms when discussing reproductive anatomy. A glossary of terminology is provided at the back of this resource manual.

#### TEACHER RESOURCE

#### **MALE REPRODUCTIVE SYSTEM**

The purpose of the male reproductive system is to produce and deliver sperm for fertilization. Unlike the female system, parts of the male reproductive system are **also** used to transport urine from the bladder to the outside of the body.

#### MALE GENITALIA

Portions of the male reproductive system are external and visible, such as the penis and the scrotum. Other portions of the system are internal and, therefore, not visible, such as the testicles, vas deferens, and urethra.

The **scrotum** is the sac below the penis which is outside the abdominal cavity and contains the gonads (testicles). Muscles attached to the scrotum can raise or lower the testicles to maintain ideal temperature for sperm production.

The **testicles** are male gonads. They have two primary purposes:

 Production of sperm cells.
 Sperm cells contain genetic material of the male that makes fertilization of the female egg possible. 2. Production of male sex hormones.

Testosterone is one of the male sex hormones that regulates the development of the male secondary sex characteristics and influences sex drive.

The **penis** is the male reproductive organ. It is composed of spongy tissue containing many blood vessels. When these tissues fill with blood, the penis becomes enlarged and erect. Males of every age experience erections. Erections may occur spontaneously, when there is a need to urinate, or in response to sexual arousal. Ejaculation does not always follow an erection.

The **prepuce**, or **foreskin**, is the fold of skin that covers the penis at birth. The surgical removal of this fold of skin is called circumcision. The decision whether or not to circumcise young males is determined by family and religious preferences. Uncircumcised males should take extra care to keep the area under the foreskin clean.

The **urethra** is a tube in the penis through which urine or semen flows. Urine and semen do not flow through the urethra at the same time.

Discuss proper hygiene and health care for the male reproductive system. Include information about types of health care professionals, appropriate timing of medical examinations, proper self-examinations, and choice of personal care items. (See Appendix page 2).

Beginning at about age forty, men should have an examination by a health professional that includes a manual check of the prostate.

#### TEACHER RESOURCE

The **sperm** cell is the male reproductive cell. The production of sperm and seminal fluid is continuous. Periodically these substances are released. This is accomplished by an involuntary orgasm and ejaculation. Typically, this occurs at night. This process is called nocturnal emission and is normal.

## MEDICAL CARE OF THE MALE REPRODUCTIVE SYSTEM

Men are often unaware of the need for regular self-examinations and annual physician's examinations. Beginning at puberty, with the enlargement of the testicles, every boy and man should examine his testicles once a month. Any changes in the size or shape of the scrotum or testicles requires immediate medical attention.

Men are subject to many of the same diseases of the breasts (including breast cancer) as women. Men should perform regular breast self-examinations and should consult a physician if there are any changes (lumps in breast or armpit, discharge from nipple, etc.) in the breasts.

#### FEMALE REPRODUCTIVE SYSTEM

The purpose of the female reproductive system is to produce and store eggs (ovum), receive sperm for fertilization of the egg(s), and provide a place for the fertilized egg(s) to grow and develop.

#### FEMALE GENITALIA

Portions of the female genitalia are external and visible, such as the labia majora. Other portions of the reproductive system are internal and, therefore, not visible, such as the ovaries, fallopian tubes, and uterus.

The external parts of the female reproductive system are called the **vulva**, which includes the mons pubis—round, fatty tissue that lies over the pubic bone, labia majora (the outer folds of tissue covering the vaginal and urethral openings), and labia minora (the thinner folds of tissue under the labia majora).

The function of these three tissues is to provide protection for openings to the internal reproductive organs.

The **clitoris** is a very sensitive knob of tissue in front of the vaginal opening. It is analogous to the tip of the penis.

The internal parts of the female reproductive system include the vagina,

#### TEACHER RESOURCE

cervix, uterus, fallopian tubes, an ovaries.

The **vagina** is a muscular elastic tube that connects the uterus to the outside of the body. It is the passage for menstrual flow and for the birth of a baby.

The **cervix** is the opening of the uterus into the vagina.

The **uterus** (womb) is a small muscular pear-shaped organ. Its function is to prepare for the potential of a fertilized egg(s) or a place for a fertilized egg(s) to grow and develop. The uterus has the capacity to expand in size to accommodate the growth and development of a baby.

The **fallopian tubes** extend from the side of the uterus toward the ovaries. They serve as pathways for carrying the egg to the uterus. The ends are made up of fingerlike projections that partly surround, but are not connected to, the ovaries. Sperm move through the uterus out into the fallopian tubes where fertilization takes place.

The ovaries (female gonads) have two primary purposes:

1. Storage and release of eggs (ovum).

The ovaries contain a fixed number of immature eggs (ova) at birth.

Starting at puberty, one or more eggs mature each cycle. Of the hundreds of

- thousands of immature ova present, only about 400 will mature over a female's fertile years.
- Production of the female hormones (estrogen and progesterone).
   Hormones facilitate release of the egg from the ovary. This process is called ovulation

Female sex hormones control the development of secondary sex characteristics, and regulate ovulation and the menstrual cycle.

The **breasts** (mammary glands) are the milk-producing organs of the female reproductive system. At the time a woman gives birth to a child, hormones influence the mammary glands to produce milk. The length of time a mother produces milk is in proportion to the length of time she nurses her baby. Breast size varies greatly from person to person. However, the milk-producing glands are all the same size. Fatty tissue determines breast size.

It is recommended that super-absorbent tampons not be used, because they pack the vagina tightly, prevent air circulation, and allow bacteria to grow. It is also suggested that women using other types of tampons change them at least three to four times daily and not use them at all during the night.

#### TEACHER RESOURCE

#### **MENSTRUATION**

The menstrual cycle is a normal succession of events associated with release of an ovum. This process is called ovulation. (See Appendix page 7.)

After ovulation, the inner lining of the uterus thickens and fills with blood. The blood-enriched lining (endometrium) serves as the implantation site for a fertilized oyum.

Usually the released ovum is not fertilized. The lining and its supply of blood are discharged through the vagina. This discharge of tissue lasts for an average of five days. A new ovum also begins to develop during menstruation. The length of a complete menstrual cycle varies from person to person.

First menstruation is called menarche and begins approximately 2 to  $2\frac{1}{2}$  years after the beginning of puberty. Cycles are sometimes irregular at first and then usually develop a pattern. With some women, irregularity continues indefinitely.

The pattern of the menstrual cycle may be upset by such things as emotional stress and acute or chronic illness.

Menstruation is not "being sick." There may be discomfort in the lower back, legs, and pelvis, particularly on the first day, and/or a tendency to fatigue. Breast changes may occur either preceding or at various times throughout the monthly cycle. Sometimes tenderness and enlargement of the breasts occurs.

Mood swings may also occur in the normal menstrual cycle. Manifestations of this hormonal effect on women may include depression or irritability. This is sometimes referred to as premenstrual syndrome (PMS). Girls experiencing excessive depression, irritability, or physical discomfort should see a health care provider.

Toxic shock syndrome (TSS) is a disease caused by bacteria that produce a toxin. The staph bacteria that causes TSS can also be found in post-surgical patients, burn victims, and patients with boils and abscesses. The prolonged presence of a tampon in the vagina may provide an environment conducive to this toxin-producing bacteria. It is recommended that tampons be changed at least every 6 to 8 hours.

## MEDICAL CARE OF THE FEMALE REPRODUCTIVE SYSTEM

Discuss proper hygiene and health care for the female reproductive system. Include information about types of health care professionals, appropriate timing of medical examinations, proper self-examination, and choice of personal care items. (See Appendix page 6.)

#### TEACHER RESOURCE

## MEDICAL CARE OF THE FEMALE REPRODUCTIVE SYSTEM

All women should have annual gynecological examinations beginning at about age 18 (or before, if they are sexually active). These yearly examinations should continue throughout their lives, even after menopause. Regular examinations are the best way to spot problems with internal and external organs. Problems that may be detected during a gynecological exam include vaginal infections, changes in the cells of the cervix (cervical cancer), or the enlargement of an ovary.

Vaginal infections can be caused by taking antibiotics, stress, wearing underwear made from synthetic materials, hormonal changes, or a sexually transmitted disease. These infections are usually easily treated with the proper medical care.

In addition to regular medical examinations, self-examination is recommended for the external genitalia and breasts. Knowing what is "normal" for your body, discovering any changes (lumps in the breasts; discharge from the nipples; changes in color, texture, or smell of vaginal secretions, etc.), and promptly seeking the appropriate medical attention can reduce the likelihood of serious complications.

Choosing to be sexually abstinent is a positive approach to the teenage years. Sexual abstinence means not having intimate sexual relations. It offers many positive benefits for the individual, for relationships, and for society.

As people mature and marry, sexual intimacies contribute to a healthy relationship.

Review the advantages of remaining sexually abstinent until marriage. These advantages include:

- Allowing time for growth and maturation—physical, emotional, ethical/moral/spiritual, and social.
- Developing the ability to express feelings in more appropriate ways.
- Enhancing healthy self-esteem.
- Preventing sexually transmitted diseases, including HIV infection (AIDS).
- Preventing pregnancy.
- Developing self-control.

Developing values concerning sexuality is a lifetime process, not just something to be discussed once children enter into adolescence. Share your family values often.

#### TEACHER RESOURCE

#### OBJECTIVE 4:

Identify the benefits of premarital sexual abstinence and stress the long-term benefits of strong families and fidelity.

#### **SEXUAL ABSTINENCE**

Sexual abstinence means not having intimate sexual relations. For adolescents, sexual abstinence is a positive approach to the teenage years and prevents many potential problems. Responsible decisions about sexuality are not only based on goals but take into account the feelings, needs, and values of oneself and others.

There are many reasons to remain sexually abstinent. Most young people are sexually abstinent because of personal, religious, health, and moral/ethical/spiritual beliefs.

#### **ACTIVITY**

Divide the students into groups of four or five. Distribute butcher paper and markers to each group. Each group should brainstorm and evaluate reasons why premarital sexual abstinence is the wisest choice teens can make.

The following are advantages of postponing sexual involvement until marriage:

• Allows time for a young person

Discuss ways to show affection for another person:

- 1. Make the other person feel important and respected.
- 2. Trust one another.
- 3. Be trustworthy.
- 4. Spend time together.
- 5. Do something nice for someone.
- 6. Talk about your feelings.
- 7. Give sincere compliments.
- 8. Tell the other person that you care.
- 9. Invite each other to family activities.
- 10. Exercise together.
- 11. Go for a walk together.
- 12. Go on a picnic.
- 13. Share dreams, goals, and ambitions.
- 14. Share a good book.
- 15. Give a special present.
- 16. Think about one another.
- 17. Hold hands.
- 18. Write a letter or note to the other person.
- 19. Give each other a hug.
- 20. Attend a sporting event, concert, play, etc.
- 21. Watch a video.
- 22. Go to a movie.

#### TEACHER RESOURCE

to mature and develop physically, emotionally, and socially.

- Provides opportunities for youth to acquire social skills and practice interpersonal relationships.
- Enhances self-esteem and self-respect through personal discipline and acceptance of responsibility for one's actions.
- Allows time to acquire the attitudes, skills, and knowledge that will contribute to career opportunities and economic stability.
- Prevents sexually transmitted diseases, including HIV infection (AIDS).
- Prevents pregnancy.
- Allows one to make and keep commitments to oneself.

#### **ACTIVITY**

Discuss with students positive ways to show affection without engaging in sexual activity. Divide students into groups by gender. Have each group respond to the following questions:

1. If you really care about someone, how would you express your af-

fection for the other person?

2. What actions or behaviors would make you feel that the other person really cared for you?

As a class, compare the responses given.

#### **SETTING GOALS**

Goals are what people hope to accomplish in the future, and help put people in charge of their lives. Keys to effective goal setting include the following:

- Setting realistic goals.
- Recognizing obstacles and seeking solutions.
- Taking appropriate steps toward goals.
- Modifying goals when necessary.

#### **POSITIVE SELF-ESTEEM**

Self-esteem is the value or worth you place on yourself. When you value yourself, you can do the following:

- Accept and like yourself (even though you may sometimes have doubts).
- Appreciate yourself and who you are in relation to others.
- Appreciate and respect the worth of other people.

Decisions that young people make concerning their sexual activity affect their lives. Family life, social activity, career options, and marriage can be influenced by these choices. These decisions also influence their feelings of self-worth.

The following items may be used in helping your child set goals:

- Discuss some of your personal long- and short-term goals.
- Have your child establish realistic short- and long-term goals.
- Share how different decisions affect achieving these goals.
- Discuss your child's short- and long-term goals. How would these be affected by sexual activity?

#### TEACHER RESOURCE

- Learn how to express your emotions in positive ways.
- Think more clearly and make wise decisions.
- Face the problems and stresses of daily living and learn to deal with them effectively.
- Develop self-control.

The way you see yourself has an influence on the decisions you make.

A healthy self-esteem guides our decisions and behavior and encourages responsible goal setting.

#### **ACTIVITY**

Instruct each student to identify three personal goals and list steps necessary to achieve those goals.

Discuss potential consequences of sexual activity.

Evaluate how these consequences impact achieving personal goals.

Emphasize for students the importance of strong family relationships.

#### **ACTIVITY**

Discuss the characteristics and benefits of strong families. You may wish to raise the following points:

- 1. Showing respect for one another.
- 2. Caring for one another consistently.
- 3. Providing love and a sense of belonging.
- 4. Providing a safe environment where family members grow and develop.
- 5. Being fair, just, and unselfish.
- 6. Acknowledging the value and worth of all family members.

The following characteristics of people with high self-esteem could be discussed with your children:

- 1. They do not need to prove themselves to anyone.
- They are motivated to try more things, and therefore have more success.
- 3. They turn mistakes, failures, and setbacks into new challenges.
- 4. They enjoy more relaxed, satisfying relationships.
- 5. They are less judgmental and more tolerant of others.
- 6. They are more confident and enjoy life more.

Below are some suggestions for family discussion.

- Discuss the effect that premarital sex can have on self-esteem.
- Discuss that even though a person has been sexually active before marriage, he/she can decide to abstain from further sexual intimacies until marriage.
- Discuss fidelity and the positive effect it has on marriage.

#### TEACHER RESOURCE

Fidelity is being faithful, devoted, and loyal. In this context, it means having no other intimate sexual relationships outside of a marriage.

#### **ACTIVITY**

Discuss how fidelity builds trust and strengthens family and other relationships.

#### TEACHER RESOURCE

### OBJECTIVE 5:

Recognize factors that influence responsible decision making.

#### **RESPONSIBLE DECISION MAKING**

As young people grow and mature, they will be forced to make important decisions (whether to get further schooling, get a job, etc.). The consequences of their decisions affect the rest of their lives. Responsible decision making is not something that just happens. It is a process by which judgment is gained, values and skills are learned, and future choices are affected.

## FACTORS THAT INFLUENCE DECISION MAKING

Decisions are influenced by many factors, including values, family, peers, media, society, and past experiences. These influences can be positive or negative. They tend to give young people ideas or suggestions on how to act and think.

The following factors may influence decisions:

#### **VALUES**

Young people are influenced by the values of those around them. The most basic values and attitudes, particularly regarding sexuality, are learned from families. Other influences, including peers, religion, media, and society, can

The earliest and most basic information and influence regarding sexuality comes from the family. Children an adolescents are taught values about sexuality by their families' actions and their discussions throughout life. As young people begin to gain independence, parents and families can continue to provide valuable input by modeling appropriate behaviors and establishing an atmosphere that invites open communication about sexuality.

Acting responsibly is directly related to the ability to make good decisions.

Share with your child factors that influence your decision making. What is important to you personally?

Discuss values you would like your children to consider when making decisions about sexuality, including sexual abstinence.

#### TEACHER RESOURCE

affect values. The messages from these different sources may be contradictory.

Adolescence is a time of recognizing one's own values using input from family, friends, media, and oneself.

Making responsible decisions involves recognition of such basic values as:

- Fairness.
- Equity.
- Respect.
- Responsibility.
- Honesty.
- Integrity.
- Caring.

#### **ACTIVITY**

Have students identify messages from different sources that affect their values related to sexual abstinence. These could include family, peers, media, etc.

#### **FAMILY**

Decision making is influenced by one's family values and guidelines. It is through the family that a child first receives information, a sense of right and wrong, and the ability to communicate. Family attitudes and behaviors influence

decisions that young people make.

Healthy families strive to provide consistent love and caring within an accepting, nurturing atmosphere. Dynamics within different family structures tend to influence decision making.

#### **PEERS**

Peers have a tremendous impact on adolescents. This influence can be positive or negative. Among teens, there is a tendency to move away from family influences or desires and to strive for independence and peer acceptance. Adolescent behavior is directly influenced by the peer group to which they belong and their perception of that group.

Peers tend to influence each other in two ways. The first is through imitation. Adolescents frequently learn behaviors by watching their peers and imitating that behavior. The second way is through exclusion. If teenagers behave in certain ways (against the perceived norm), they may be rejected by a peer group. Students should not be swayed by intimidation or ridicule.

With regard to sexual activity, peers may influence their friends. The influence can be to have sex (all my friends are) or not to have sex (none of my friends are).

### PARFNI

Adolescent behavior is directly influenced by the peer group to which teens belong and their perception of that group.

Together, list and discuss peer influences on decisions regarding sexual activity.

Emphasize that most young people at this age are **not** having sex.

# TEACHER RESOURCE

Students should develop a sense of what behaviors are actually present versus what they or others *think* is happening. They should not be swayed by bragging or boasting.

#### **ACTIVITY**

Have students discuss how their friends influence them in making decisions.

#### **MEDIA**

Television, radio, motion pictures, music, advertisements, and printed materials can influence our decisions. Although the use of sex in the media is often irresponsible, public service announcements are presented in the public interest and can serve to positively influence responsible sexual behavior. However, media programming may treat sex and sexuality in an irresponsible manner in the following ways:

- Sex is used to sell products. Many companies use sex to spark interest in a product that has little or nothing to do with sex
- Relationships are often portrayed as casual or trivial, without commitment.

- Sexually suggestive dress, body movements, and language are portrayed as being mature and sophisticated.
- Unlawful sex-related acts (rape, pornography, incest, abuse) are made to appear common and without consequence.

#### **ACTIVITY**

Have students analyze four commercials: two that use sex appeal to promote their products and two that do not. Have them explain their findings.

Have students determine which sources were more effective at catching their attention, giving them information about a product, and making them more likely to purchase a product.

# SUBSTANCE ABUSE BY ADOLESCENTS

Substance abuse, including alcohol and other drugs, affects one's ability to make good decisions. Substance abuse can cause the following:

• A false sense of confidence. People

View television programs with your children and take the opportunity to discuss sexual messages given. Point out instances of responsible and irresponsible behaviors and decisions regarding sexual activity. Suggest alternative choices and consequence of these decisions.

View television advertisements with your children and discuss the use of sexual messages to promote products.

# TEACHER RESOURCE

take foolish risks, not recognizing the possible consequences.

- Slow reaction time, making it difficult to escape dangerous situations.
- Numbing the portion of the brain that controls behavior. Memory, judgment, and one's sense of right and wrong are impaired.
- Irresponsible sexual behavior.

Practice the decision making and refusal skill models. Young people can gain the ability to make responsible decisions which will have a positive impact their lives and the society in which they live.

Discuss with your child the different ways decisions are made. Explore the advantages and disadvantages of each.

# TEACHER RESOURCE

# OBJECTIVE 6:

Develop and apply decision making and refusal skills.

# MAKING RESPONSIBLE DECISIONS

Responsible decision making is not something that just happens. Students need to develop the skills necessary to make decisions.

#### **ACTIVITY**

Discuss ways decisions are made and explore the advantages or disadvantages of each.

- 1. Gathering information, considering your options and evaluating potential choices before deciding.
- 2. Avoiding or failing to make a decision. Not deciding is a decision.
- 3. Procrastinating or putting off making a decision.
- 4. Considering the consequences of potential decisions (both long- and short-term).
- 5. Making the same decisions as your friends, without thinking of what is best for you.
- 6. Acting impulsively, without thinking, letting emotions or feelings control or dictate decisions

Review the decision-making process. Encourage your child to apply these steps in making personal decisions.

When your teen has a problem, you can support him/her in handling his/her problem by using effective communication skills.

- Listen actively. Give your full attention; show that you care and acknowledge what your teen is saying.
- Listen for feelings. Recognizing and accepting feelings helps your teen look for solutions.
- I Connect feelings to the content. Reflect feelings back to the teen—"Are you feeling... (Happy, sad, mad, frustrated.)?"
- Brainstorm alternative solutions and weigh the possible consequences.
- I Encourage your teen to choose a solution. Be available to follow up.

# TEACHER RESOURCE

- 7. Seeking advice from a trusted peer or adult before making a decision.
- 8. Letting others make your decisions.

#### **DECISION MAKING MODEL**

#### Define the problem

Define the problem in personal terms.

#### **Gather Information**

Find possible choices or solutions. Young people often lack information they need to make informed decisions about sexuality. Talking with other people or finding reliable written information may help teenagers to recognize healthy alternatives they may not have considered on their own.

# **Identify Choices and Evaluate the Consequences**

It is important to point out that there is usually more than one solution to a problem or decision. Students need to be encouraged to list several options, even though some may not seem appropriate at the time.

Consider short- and long-term effects of each potential choice for yourself and for the people you care about. For each alternative or choice, list possible consequences

What if I...? What can I...? How should I...? How will I...?

#### Make the Decision

Choose the best solution for you based on the information gathered and the consequences associated with each alternative.

#### **Evaluate the Decision**

Evaluate the results of your decision. Proper evaluation of a decision is a critical part of the decision-making process. Recognizing when a poor decision has been made and taking steps to correct that mistake shows maturity and responsibility.

#### **ACTIVITY**

Practice the decision-making process by using the following Case Studies. It is suggested that you begin by using less threatening case studies to familiarize students with using the decision-making model.

When students are comfortable with the process, have them begin to apply the skills to more difficult situations. Be prepared to assist students in more accurately identifying the

Discuss some personal or family decisions that involve your child.

Practice applying the decision-making steps in making personal or family decisions.

# TEACHER RESOURCE

consequences of different decisions. Stress the importance of respect, responsibility, caring, trust, honesty, and abstinence.

#### Example Case Study

Sarah is at her locker just before her science class begins. A group of her friends come by and ask her if she wants to sluff her next class and go with them to a convenience store to get the latest copy of a favorite magazine.

#### **Decision to be made:**

Should I go to the store with my friends or go to my science class?

#### **Gather information:**

- ► How long will it take to get to the store and back? *20 minutes*.
- ► Will I only miss one class? *Most likely.*
- ► What will I be missing in class? *I don't know.*
- ▶ What will happen if I get caught? Lecture from principal and call to parents for sluffing and being off campus.
- ► Can we all go after school? Some friends can go, others can't—they are going to go with or without me.

### **Identify options:**

# 1. If I go with friends to store *Positives*:

- + Would be included in group
- + More excitement
- + Option to buy something

#### Negatives:

- Miss class work, possibly affecting grade
- High risk of getting caught and having parents called
- Need spending money

# 2. If I stay at school and go to science class

#### Positives:

- + Remain caught up with assignments
- + No risk
- + Save money

### Negatives:

- Less excitement
- Friends might think I'm a "goody-goody"

# 2. If I stay for science class and go to store after school

#### Positives:

- + Remain caught up with assignments
- + No risk

#### Negatives:

- Not all my friends can go
- Have to go by myself

Discuss with your children personal, parental, and societal values that influence your decisions.

## T F A C H F R R F S O U R C F

#### **Choose best option**

Stay at school and go to science class.

#### **Evaluation**

I am glad I went to class. There was an in-class group assignment and quiz. I got all my work done in class and don't have any homework. I met my friend Shelly after school, and we went to the store and bought the magazine. We had fun looking at the new magazine.

#### SAMPLE CASE STUDIES

#### Sample Case Study #1

Jill just moved to a new school and she has had a difficult time making new friends. A girl in her math class invited her to a party when her parents would be out of town. Jill is really excited to make new friends, but is worried there will be alcohol and other drugs at the party. She wonders whether she should go or not.

### Sample Case Study #2

Tom and Chris have been friends since elementary school. Chris is failing his science class and has one test to take that will determine if he will have to retake the class in high school. Tom is doing really well in class and is getting an "A." Chris wants Tom to help him out during the test by giving him the answers to the questions. Tom is worried about getting caught and failing.

### Sample Case Study #3

Lisa and Amy enjoy shopping with each other at the local mall. After going to several stores, Lisa realizes she doesn't have enough money to buy a sweater she has wanted for several weeks. Lisa is acting very suspicious and encourages Amy to distract the store clerk for a few minutes so she can steal the sweater. Amy knows she has to decide if she will help Lisa shoplift.

## Sample Case Study #4

While David and Kelly are watching a movie at David's house, David's parents are called away. David and Kelly have never had the chance to be alone. David says, "We have about an hour before my parents will be home." Kelly is uncomfortable with the situation and needs to decide what will happen next.

#### Sample Case Study #5

Stan and his older brother John just

Share your views on personal rights and responsibilities. Emphasize that recognizing and protecting these will assist young people in refusing inappropriate behaviors.

## TEACHER RESOURCE

moved to a new school. It was really easy for them to make new friends. Their parents are going to be out of town for the weekend, and the brothers decide to throw a party for their new friends., many of whom smoke marijuana. Stan and John are concerned that some of their friends may bring the drug to the party. They don't want to let their friends down, but wonder what they should do.

#### Sample Case Study #6

You're at your regular babysitting job, and you want to invite a friend over, even though the family you are working for has always told you that you can't have visitors. You haven't seen this friend in days, and the parents did say that they would not be back until late. You think it would be the perfect evening for the two of you to get together and watch a good movie on television. You feel like asking him/her to come over.

## Sample Case Study #7

You have been spending a lot of time with a particular girl at school. You've kissed, but nothing more. You hear all your friends talking about getting physical with girls. You like the relationship the way it is, and

you aren't really ready for anything more. You realize that she might be surprised, and it might even ruin your friendship if you suggest getting physical. You don't want your friends to make fun of you just because you and this girl are only kissing. You are home alone and feel like calling her up and asking her to come over.

#### Sample Case Study #8

Have students identify a personal decision they need to make and apply the decision-making model in finding a solution.

#### PARFNT

Discuss assertiveness with your child. Assertive communication is a valuable skill to have when refusing offers or behaviors.

## TEACHER RESOURCE

#### **REFUSAL SKILLS**

Refusal skills help us avoid behaviors in which we may feel pressured to engage. The purpose of these skills is to help us keep friends, stay out of trouble, and have fun

Refusing to participate in certain behaviors expresses personal rights and responsibilities. Personal **rights** include:

- Saying "no" without feeling guilty.
- Making decisions based on one's values and what is best for the individual and others.
- Expressing feelings honestly.
- Being specific about what is important to the individual.
- Seeking more information when it is needed.
- Changing decisions when necessary.

Personal **responsibilities** include the following:

- Treating people with respect.
- Considering values
- Accepting with courtesy another person's refusal.
- Not manipulating or "using" others.
- Not allowing others to manipulate or use you.

Students need to learn refusal skills. Use the following model to assist in teaching these skills.

- **1. Ask questions:** "What are we going to do? Who will be there?"
- **2. Name the trouble:** "That is stealing." "That is vandalism." "That is irresponsible."
- **3. Identify the consequences:** "If I do that..."
- **4.** Suggest alternatives: "Instead, why don't we"
- **5. Move away:** Give others the option to change their minds. "If you change your mind..."

Developed by Roberts, Fitzmahan, & Associates, CHEF

#### **ACTIVITY**

Have students apply each step of the refusal skills to the following situations.

- Stealing a magazine
- Getting an older person to buy beer for them
- Sneaking out after curfew
- Not telling their parents where they are going
- Necking at the movie

# TEACHER RESOURCE

#### Example situation for this activity

Joe is failing his math class. If he doesn't pass this quarter, he won't be able to play basketball next quarter. He hasn't completed his assignment because he can't figure out the answers, so he asks to copy Ryan's work.

- 1. Ask questions: Not necessary in all situations. In this instance, we can assume that both parties know what is being asked or what is expected.
- **2. Name the trouble:** "That's cheating."

#### 3. Identify the consequences:

"I wouldn't feel right."

"If we get caught, we'll both fail."

"If my parents find out, I'd be grounded."

#### 4. Suggest alternatives:

"Why don't we go to the library after school and get help."

#### 5. Move away:

"I'll be around after school if you'd like some help."

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Responsible parenthood actually begins before conception. The complex process of fetal development can be enhanced or impaired, depending on what the future mother or father does to his or her body.

## TEACHER RESOURCE

# OBJECTIVE 7:

Develop a knowledge of conception, fetal development, and prenatal care necessary to make responsible choices.

## **CONCEPTION**

Conception is the union of an ovum (egg) and a sperm. A primary purpose of the reproductive system is conception. Conception and fertilization are synonymous. For conception to occur, both egg and sperm must be in the system at the same time and unite. Conception usually occurs in the fallopian tubes. Sexual intercourse is the process used to join the sperm from the male with the ovum of the female.

Knowledge of the menstrual cycle is important in understanding conception. Girls usually start menstruating between ages 10–16. The menstrual cycle may vary in duration from one female to another. However, most cycles are from 26 to 36 days in length. A cycle starts on the day menstruation begins.

Ovulation occurs 14 days before menstruation begins. Some females feel discomfort at the time of ovulation. After ovulation, ova can be fertilized while they are traveling to the uterus. Sperm can live in the female reproductive system for approximately three days. Therefore, conception can occur anytime during the menstrual cycle.

Contraception is used to prevent

Share your views on the appropriate time to begin a family and on family size. Items to be discussed may include:

- Factors to consider prior to pregnancy (financial, physical, emotional, ethical/moral/spiritual, and social issues).
- The importance of proper health care before a possible pregnancy.
- I Use of contraceptives. The issue of contraceptives is very personal. According to state policy, teachers cannot encourage the use of contraceptives by unmarried minors. Some parents may feel that this is important information for students to know. See Appendix page 11.

Parents should encourage their children to seek medical advice or care prior to marriage and the onset of sexual intercourse.

# TEACHER RESOURCE

conception, to regulate menstrual cycles, or to prevent the transmission of sexually transmitted diseases.

Contraceptives can be divided into three groups:

- 1. Methods that prevent sperm and egg from joining or prevent the exchange of body fluids.
- 2. Methods that prevent ovulation.
- 3. Methods that change the environment of the female system to either destroy sperm or prevent implantation of a fertilized egg.

Some methods require a physician's prescription and others do not.

NOTE TO TEACHER

State Board policy requires parental consent prior to classroom discussion of contraceptives.

#### **FETAL DEVELOPMENT**

After conception occurs, growth of the fetus begins. The period of time between conception and birth is 38–40 weeks. This time is divided into three parts. Each part is called a trimester. During the first trimester, the baby is very small and called an embryo. During the second and third trimesters, the baby is called a fetus.

(See Appendix pages 7–10.)

The first trimester is made up of the first 13 weeks. It is an important time, because all of the embryo's body organs are being developed. By the end of the first trimester, all body parts are present.

The second trimester is made up of weeks 14–26. The embryo continues to develop in size and function of organs. It is now called a fetus.

The third trimester is made up of the last 26–40 weeks. The fetus is growing longer and heavier. It moves its arms and legs and turns in the uterus.

Late in the pregnancy the baby's head moves toward the opening of the uterus (cervix). Now the fetus is ready to be born. (See Appendix page 8.)

## **PRENATAL CARE**

Proper prenatal care—including visits to health care providers, plenty of rest, proper nutrition and fluid intake, and exercise—is important in helping to develop a healthy fetus.

Birth defects are caused by many factors including genetics, environmental causes, and elements the mother and father expose themselves to. Women should avoid exposing the developing fetus to these things in an attempt to reduce

Discuss the process of fetal development. Information regarding the stages of fetal development and growth can be found on Appendix page 8.

Share your experiences of becoming a parent. What emotions did you experience? What plans did you make? What were the most special parts of pregnancy and/or early life with your child?

Abortion is not a planned topic for class-room discussion. Often questions are asked. Included in the teacher resource section is a simple definition of abortion to be used in response to questions. Abortion is a very sensitive issue. Your views should be shared with your children.

## TEACHER RESOURCE

the likelihood of possible birth defects. It is important to recognize that the majority of birth defects have no known cause. However, women should avoid exposing the embryo to things that can result in possible defects. These include tobacco, alcohol, and other drugs; x-rays; medications; cat feces; certain diseases such as rubella; and other substances.

During the first trimester, many women do not realize they are pregnant and may not take proper precautions to protect the developing embryo. These precautions are necessary throughout the entire pregnancy. Fetal development is a complex process. Whatever the mother does to her body also affects the developing baby.

#### NOTE TO TEACHER

Abortion is not a planned topic for classroom discussion. If a question concerning abortion arises, the following is a suggested way to explain this sensitive issue to students.

The term "abortion" refers to the termination of a pregnancy. Spontaneous abortion (or miscarriage) is a natural cessation of the unborn fetus's growth and development. Although the frequency of spontaneous abortion is not known, it is estimated that 10–40 percent of pregnancies end in miscarriage. The majority of these occur during the first trimester.

Therapeutic abortion (induced abortion) is medically or surgically ending a pregnancy. This may be necessary because of certain medical conditions of either the mother or the fetus. It also may occur as a result of the choice of the mother.

Self-induced abortion occurs when the mother causes herself to miscarry. This is a very dangerous procedure and can cause serious infection, sterility, or even death of the mother.

Beliefs regarding the beginning of life, the reproductive choice of women, the quality of life, and religious values influence the stand one takes regarding elective termination of pregnancy.

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Adolescents need to understand the responsibilities associated with parenthood and the emotional, psychological, ethical/moral/spiritual, and physical demands it makes.

Discuss with your child the potential difficulties of being a teen parent and the benefits of sexual abstinence.

# TEACHER RESOURCE

# ► OBJECTIVE 8:

Recognize the impact teen pregnancies have on quality of life, changes of lifestyle, and incidence of child abuse.

## **BEING A TEEN PARENT**

The conflict between a typical teen lifestyle and the potential lifestyle of a teen parent should be self-evident. Teens tend to be unrealistic about the demands of parenting. It is important to recognize that being a teen parent affects both females and males.

The following are points to consider regarding teen parenthood:

- Most teens are not psychologically prepared for pregnancy or parenthood.
- Most teens' diets are not the best diets for unborn children. This may contribute to malformation, retarded development, or anemia in a fetus.
- Teen deliveries tend to be prolonged, resulting in a higher than usual percentage of complications during delivery.
- Teen parents, particularly females, are less likely to complete their education.
- Statistically, the younger the parents, the lower the family income is likely to be.
- Teen fathers are required to pay child support until the child is at least 18 years old. They may also have to pay the mother's and baby's medical bills.

### PARFNT

Discuss qualities/ attributes that are desirable for parenthood.

Discuss the ways in which society romanticizes both sexual relationships and parenthood.

Talk with your children about the time commitment, financial responsibility, and emotional involvement required of parents.

## TEACHER RESOURCE

- Single-parent families tend to live below the poverty level.
- Teen parents may resign themselves to repeated pregnancies.
- Teen marriages are generally not stable and frequently end in divorce.
- School-age children of adolescents have more behavioral problems and score lower on academic tests than school-age children of parents 20 years and older.
- The extended family is burdened by untimely pregnancies.
- Teenage women have a high probability of raising children alone they often do not marry at all.

#### **ACTIVITY**

Identify needs/wants of a typical 13 to 14 year old; i.e., spending time with friends, participating in sports, spending money on self, etc. Identify needs/wants of a toddler; i.e., walking, toilet training, getting dressed. Have the students discuss the two lists as if they were parents. How would they manage their needs and wants as well as the needs and wants of their toddler? Who would help them and the baby? What personal needs/wants would they be willing to put on hold until the child is older?

#### **ACTIVITY**

Have students respond to the following statements (agree/disagree). Discuss how each of these would relate to being a parent.

- I don't mind not going out with my friends.
- I don't mind it when someone wakes me up early every day.
- Doing things I've planned is not important.
- I enjoy cleaning up after other people.
- I have a lot of confidence in myself.
- I am willing to work 35–50 hours a week and give the money to someone else.
- I would want my child to be just like me.
- I enjoy it when other people use my things.
- I like going out and doing things when I feel like it.
- I sometimes have trouble controlling my temper.
- I would rather take care of a sick baby who needs me than go out with my friends.
- I feel unprepared to take care of a newborn baby.

Explain to your child that raising children is a challenging and rewarding process. Share some of your experiences with them.

You may wish to discuss the following points:

- How did your life change when you became a parent?
- Did you give up anything when you became a parent?
- What are the most challenging and rewarding parts of being a parent?

# TEACHER RESOURCE

- Cleaning up after someone who is ill is not a problem for me.
- I would rather buy diapers than a pair of jeans.
- I need someone to love me before I can love myself.
- I find it easy to be flexible and to compromise.
- Laundry is one of my favorite duties
- Household chores are a drag.
- I am willing to ignore my feelings and needs and take care of someone else.
- I like to pay the bills for myself as well as others.

#### **ACTIVITY**

Have students interview individuals they consider to be good role models for parents, asking the following questions:

- How did your life change when you became a parent?
- Did you give up anything when you became a parent?
- What are the most challenging and rewarding parts of being a parent?

## **CHILD ABUSE**

Child abuse and neglect are potential dangers associated with teen pregnancies. Child abuse can be physical, sexual, and/ or emotional. Physical abuse occurs when a person inflicts physical injury upon a child. Sexual abuse is any sexual contact or activity between a child and an adult. There is no legal definition for emotional abuse. It is difficult to identify due to lack of physical evidence of mistreatment. Neglect is failure of a caretaker to provide care, nutrition, clothing, shelter, supervision, or medical care.

Environmental stress is a major factor in child abuse. Sickness, divorce, separation, job loss, and crying babies are all challenges, even to adults. Teens may run the risk of harming children in situations of great stress, because they may not have the necessary coping skills.

Encourage students to seek professional guidance if child abuse or neglect develops, or if they have been abused or neglected.

#### **ACTIVITY**

Have students respond to the following questions. Questions could be addressed within the context of babysitting or roles as future parents.

# TEACHER RESOURCE

How would you cope with a baby who would not stop crying?

- How do you feel when you haven't slept all night?
- How explosive is your temper?

If you had an emergency, who would you trust to leave your child with?

- Can you list five people you would leave your child with for eight hours?
- Have students check with these five people to see their reactions to this request.

How would you feel if your child drew on your new shirt with a permanent marker after you told him/her not to play with the markers?

• What would be your reaction to the child?

Have students discuss different stresses caused by infants/babies; i.e., crying, refusing to go to bed, temper tantrums.

- How would you deal with these?
- How would you get a baby to stop crying or eat his/her meal?

Create an atmosphere where issues of sexual abuse and resulting feelings can be shared and possible problems discussed.

## TEACHER RESOURCE

# OBJECTIVE 9:

Discuss the legal, social, and emotional implications associated with pornography, sexual abuse, incest, rape, and sexual harassment.

## **SEXUAL ABUSE**

There are different types of sexual abuse. Sexual abuse can include both non-touching offenses (exhibitionism, peeping tom, obscene phone calls, sexually suggestive talk, jokes, etc.) and touching offenses (fondling, intercourse [vaginal, anal, and oral]).

Students should understand that any touching, sexual activity, or experience that makes them feel confused, threatened, scared, or uncomfortable should be discussed with or reported to someone they can trust to help. If students feel that the first person they tell is not listening or will not help, they should report the abuse to someone else.

Sexual abuse is a difficult subject to talk about. Most victims of sexual abuse do not tell anyone. They may feel like they have done something wrong or are guilty of something dirty or bad. They may also fear that they will be blamed or punished if they tell anyone. Students need to be assured that if they are abused, **it is not their fault.** 

It is impossible to accurately assess the incidence of sexual abuse, because it is often difficult to identify victims. Encouraging victims and their families or

Help your child understand that rape or sexual abuse is never the fault of the victim. Review and discuss the information found in the Teacher Resource section.

## TEACHER RESOURCE

friends to report abuse or suspected abuse is a critical step in providing victims with the help they need.

Most often, the abuser is someone the victim knows; it could be a family member (which is called *incest*), friend, or neighbor. This may make it particularly difficult to report the abuse. However, ignoring sexual abuse never solves the problem. Both the person who is abused and the abuser need help.

There is no single group of people who can be easily identified as sexual abusers. Sexual abuse without intervention is often cyclical in nature. Individuals who are abused often become abusers. Persons who have been sexually abused or have sexually abused others (or who feel like they might become an abuser) should seek professional help.

# SIGNS AND SYMPTONS OF SEXUAL ABUSE

If teachers are alert to the signs and symptoms that point to the possibility of neglect or abuse, they can take action to bring help to children whose needs are not being met. The first step is to invoke the community's Child Protective Services program on behalf of the child. This is usually done through an official report.

The Child Protective Services program is charged with the responsibility for bringing services to neglected and abused children and their neglecting parents. It is a non-punitive, helping, skilled social service. Its focus is on seeking to stabilize family life, on enhancing parental capacity for good child care, and on maintaining the family structure where possible.

Teachers come into frequent contact with children who are physically or emotionally neglected or who are victims of physical or sexual abuse. Such troubled children may be found in families at any economic or social level in the community. The common underlying factors can be emotional immaturity of parents, marital friction, alcoholism, drug use, emotional disturbance, or severe stress.

Become familiar with the signs and symptoms of sexual abuse and the Utah Code for reporting suspected abuse (see Teacher Resource section on this page).

Early reporting and appropriate intervention are critical in providing the necessary care for both the victim and the perpetrator.

State agencies for reporting suspected child abuse appear on pages 46 and 47.

# TEACHER RESOURCE

These are families with problems and often families in crisis.

If children are identified when they show the earliest signs of abuse or neglect, help can be made available at a stage when their problems can be more readily resolved. Too often, referrals to protective services are not made until the conditions of neglect or abuse become acute and intolerable. Such referrals may come too late to salvage the home.

Here are some of the things to look for:

# PHYSICAL INDICATORS OF SEXUAL ABUSE

- Torn, stained, or bloody underclothing
- Pain or itching in genital area
- Difficulty walking or sitting
- Bruises or bleeding in external genitalia
- Frequent urinary or yeast infections

# BEHAVIORAL INDICATORS OF SEXUAL ABUSE

- Withdrawal, chronic depression.
- Excessive seductiveness
- Role reversal, becoming overly concerned for siblings
- Poor self-esteem, self-devaluation, lack of confidence

- Peer problems, lack of involvement
- Massive weight change
- Suicide attempts (especially in adolescents)
- Hysteria, lack of emotional control
- Sudden school difficulties
- Inappropriate sex play or premature understanding of sex
- Threatened by physical contact or closeness

#### **REPORTING SUSPECTED ABUSE**

Utah law states that school personnel who have "reasonable cause to believe" that a child is being abused or neglected must report that suspicion to Child Protective Services.

Identifying the sexually abused child is difficult. Remember, you do not have to prove that sexual abuse is occurring. Reporting is a request for an investigation of a suspected case of abuse. An educator who reports in good faith is immune from liability.

#### NOTE TO TEACHER:

Teachers should familiarize themselves with reporting procedures and should be strongly cautioned against open

## TEACHER RESOURCE

discussion. Reporting only to a school principal or administrator does not fulfill an educator's legal obligation. Suspected abuse must be reported to the proper local authorities.

#### **UTAH CODE**

The following are Utah laws regarding reporting of suspected abuse.

## 62A-4-503. Reporting requirements.

(1) Whenever any person including, but not limited to, persons licensed under the Medical Practice Act or the Nurse Practice Act, has reason to believe that a child has been subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, or who observes a child being subjected to conditions or circumstances which would reasonably result in sexual abuse, physical abuse, or neglect, he shall immediately notify the nearest peace officer, law enforcement agency, or office of the division

## 62A-4-510. Immunity from liability.

Any person, official, or institution participating in good faith in making a report, taking photographs or X-rays, or taking a child into protective custody pursuant to this part, is

immune from any liability, civil or criminal, that otherwise might result by reason of those actions. (1988)

# 62A-4-511. Failure to report—Criminal Penalty.

Any person, official, or institution required to report a case of suspected child abuse, neglect, fetal alcohol syndrome, or fetal drug dependency, who willfully fails to do so is guilty of a class B misdemeanor... (1990)

#### RESOURCES

Resources available for victims of sexual abuse are listed below:

Utah State Government Department of Human Services

Salt Lake County—24-hour 487-9811 2835 South Main Street South Salt Lake

Davis County—24-hour 544-1298 1350 East 1450 South Clearfield

Tooele County 882-5600 305 North Main Street Tooele

# TEACHER RESOURCE

Ogden—24-hour 626-3506 2540 Washington Blvd. Ogden

Statewide 24-hour hotline (toll-free) 1-800-678-9399

#### **ACTIVITY**

Have students think of several people they could go to for help. (This should be done confidentially.) Emphasize to students that they need to tell someone they trust if they have been abused.

#### **ACTIVITY**

List community people, places, or organizations (create a resource guide) that students could go to for possible help or information. Examples might include teachers, counselors, clergy, a close friend, or a neighbor.

## **RAPE**

Rape is an act of violence and generally has little to do with sexual desire. People who rape are lashing out at someone else. Anyone, male or female, who forces another person to have sexual intercourse is raping that person.

One of the more common myths about rape is that it is an impulsive act of passion, that men and women cannot control their sex drives. The motive for rape is not sexual pleasure, it is power. Rape is a sexual aggression committed under force or the threat of force.

Another common myth is that victims of rape somehow "deserve" to be raped, that their dress, personal appearance, or the setting can provoke a sexual assault. It is important to keep in mind that the responsibility for a criminal assault belongs to the assailant, not the victim. No healthy individual desires to be personally violated. No style of dress or social setting gives anyone the right to assault another person.

Most rape victims are not beaten, mutilated, or murdered. Often a knife, gun, or physical/verbal threat is utilized to gain control over the victim.

Review the steps to follow if a rape occurs. Emphasize the importance of reporting if a rape occurs and the need for proper, professional follow-up. (See Activity in the Teacher Resource section on this page.)

## T F A C H F R R F S O U R C F

Most victims know the rapist, have been acquainted, or at least have seen each other.

Rape victims experience intense psychological and physical trauma. Rape is a violent and intimate invasion of a person. Rape can leave the victim feeling ashamed, confused, guilty, or unclean. Blaming the victim serves to justify the rapist's acts. Providing a supportive environment, without judgment, will help to ease the trauma of rape for the victim and ensure that proper help is sought.

Date rape is a violation of another person. Date rape is forced, tricked, or manipulated sexual intercourse by someone the victim has dated or a boy/girlfriend. The incidence of date rape is increasing. Many experts feel that date rape may be the most common crime occurring on college campuses. Rape, including date rape, is never the victim's fault.

NOTE TO TEACHER:
For additional information on rape, contact your local Rape
Crisis Center.

#### **ACTIVITY**

Discuss the steps one should take if he or she is sexually assaulted.

- Get to a safe place.
- Stop and think. The actions you take in the next 24 hours may destroy important evidence should you decide to report the crime.
- Call your local Rape Crisis Center.
   They can explain your options and help you decide what you want to do.
- Do not bathe, shower, or wash yourself.
- Do not change, wash, or destroy your clothes.
- Do not drink anything, rinse your mouth, or brush your teeth.
- Do not clean up or change the crime scene in any way.
- Call the police (dial 911).
- Call a family member or supportive friend who can go with you to the hospital.
- Take a complete set of clean clothes, including shoes.
- If you have already changed your clothes, take everything you were wearing at the time of the assault in a paper bag with you to the hospital.

### PARFNT

Ask questions and be aware of your child's plans and activities. Review ways children can protect themselves against sexual abuse or rape. Be sure they understand that taking the necessary precautions and avoiding certain situations or settings may help them avoid possible disastrous consequences.

## TEACHER RESOURCE

#### **ACTIVITY**

Discuss the following:

- What is date rape? Is it really rape?
- What factors contribute to date rape?
- If a female wears a suggestive outfit, is she responsible for a date rape?
- How do society's attitudes toward male and female roles contribute to the problem of date rape?
- Are females always the victims?

#### **ACTIVITY**

Discuss ways to protect yourself against rape.

- Try to go places in a group or go where there are several other people.
- Keep your parents or other adults informed of where you are going.
- Stay in a well-lit, public place.
- Don't be alone with someone who makes you feel uneasy.
- If you are followed or feel threatened, run away and make as much noise as you can (yell, scream, etc.).
- If you are home alone, do not open the door.
- Have your keys ready when you get home.

- Do not spend time with anyone in isolated places.
- Help plan evening activities.
- Avoid the same routine.

## **PORNOGRAPHY**

Pornography includes any visual or written materials of a sexual nature for purposes of sexual arousal. The following is a list of negative influences associated with pornography.

- Promotes misleading information about human sexuality and healthy relationships.
- Can disassociate sex from love.
- Is often very degrading to men and women.
- May be linked to sex crimes, sexual abuse, and anti-social behavior.
- May cause individuals to be diverted from their hopes, commitments, and goals for the future if they act on the visual images and fantasies that are created by pornography.

Discuss the influences of media, such as music, television programming, movies, videos, magazines, and 900 numbers, and the impact they may have on individuals and society.

Harassment is all to often dismissed as "typical adolescent behavior"—teasing or just playing around—and misconstrued as a normal rite of passage. The list contained in the Teacher Resource section on this page identifies types of behaviors which could be considered sexually harassina.

## TEACHER RESOURCE

#### **SEXUAL HARASSMENT**

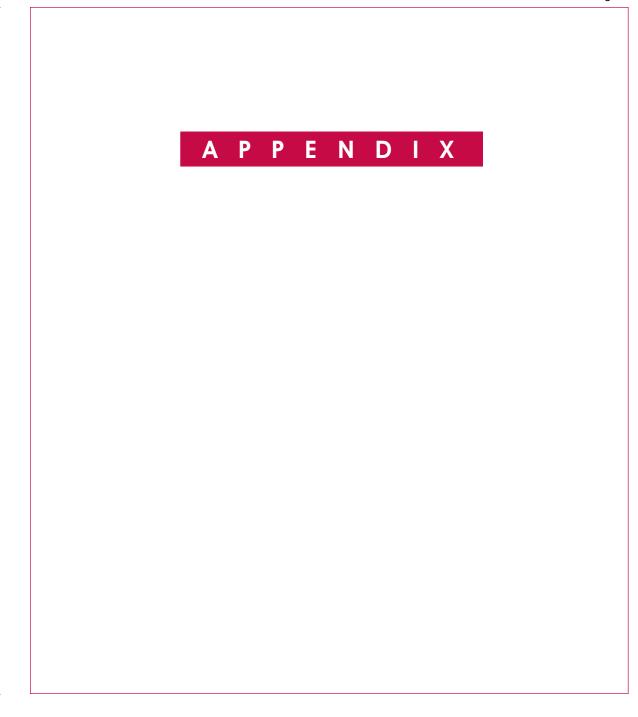
Sexual harassment is a form of sexual abuse. Any unwanted or unwelcome sexual attention or activity is inappropriate and illegal. Instances of sexual harassment should be reported to a school official and/or parent. Sexual harassers can be held legally liable for their actions.

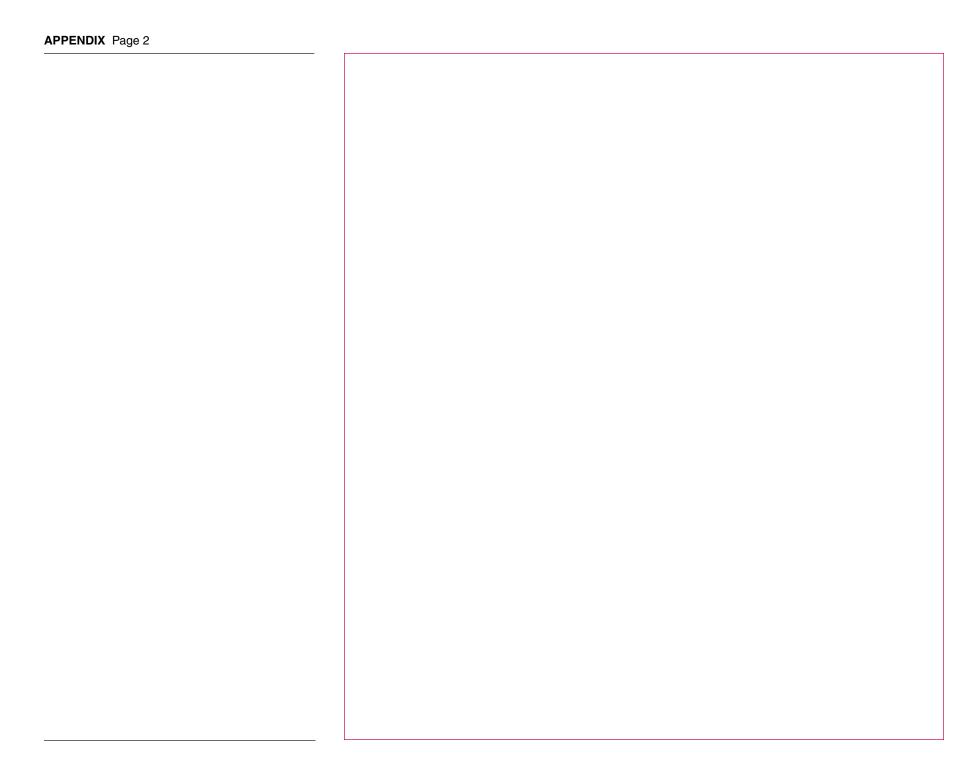
It is important to know that sexual harassment can take many forms, including:

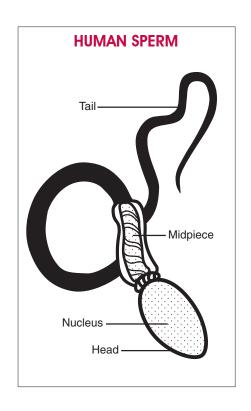
- Touching.
- Verbal comments.
- Name calling.
- Spreading sexual rumors.
- Leers and stares.
- Sexual or "dirty" jokes.
- Cartoons, pictures, and pornography.
- Gestures with the hands and body.
- Pressure for sexual activity.
- Cornering, blocking, standing too close, following, or stalking.
- Sexual assault and attempted sexual assault.
- Touching oneself sexually in front of others.
- Hazing.

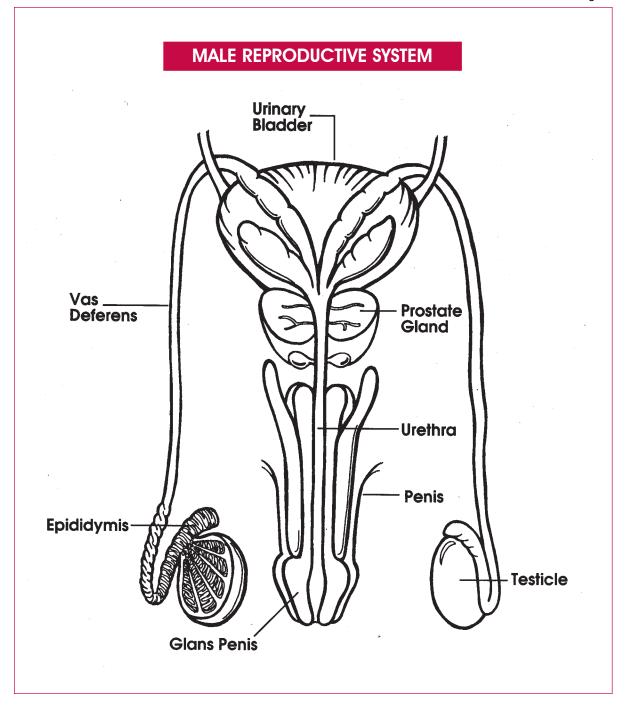
- Howling, catcalls, or whistles.
- "Snuggies," "pantsing," or "wedgies."

Victims of sexual harassment often feel powerless to protect themselves and sometimes allow or participate in the activity. A victim may decide to make a complaint at a later date. Because of the legal complications surrounding sexual harassment, it is important that students develop attitudes of sensitivity and restraint when flirting, dating, or interacting with one another. Everyone has the right to freedom from unwanted or unwelcome sexual talk or activity.









# TESTICULAR SELF-EXAMINATION

To examine your testicles, first take a hot shower or bath so that the testicles hang farther outside the body than usual. Check each testicle in turn, rolling it gently between the thumb and the index and middle finaers to search for any small, hard lumps or swelling (testicular lumps are usually painless). The scrotal skin should feel firm but not too hard (somewhat like an ear lobe). Bring any lumps, swelling, hardness, or other unusual features to a physician's attention.

Males should examine their testicles once a month from puberty at least age 50, so that any abnormality can be promptly brought to a doctor's attention for early diagnosis and treatment.

**1. TSE** should be done during or after a warm bath or shower, when the heat

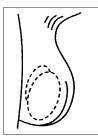


causes the scrotal skin to relax, making it easier to find anything unusual. The procedure is simple and takes only a few minutes.

**2. Examine** each testicle gently with both hands. Place your index and middle fingers underneath the tes-



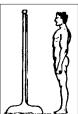
ticles, your thumbs on top. Roll each testicle separately and gently between the thumbs and fingers, checking for lumps or irregularities. **3. Find** the epididymis (cord-like structure on the top and back of each



testicle, which stores and carries sperm). Do not confuse the epididymis with an abnormal lump. The most common tumor to feel for is about the size of a pea on the front side of

the testicle. These lumps are usually painless.

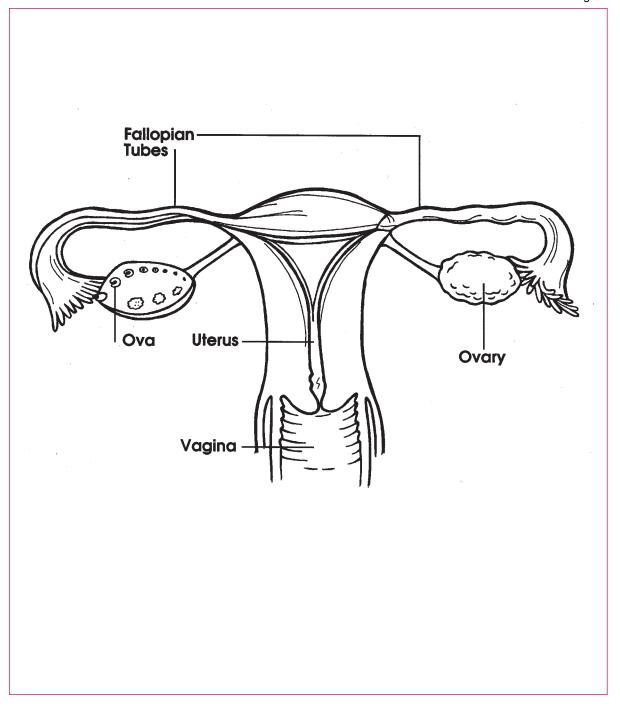
**4. After** your shower, stand naked in front of a mirror and look for any



swelling in the skin of the scrotum or unusual contours in the groin. Call your doctor if you feel or see something unusual.

TSE is not a substitute for a thorough yearly examination by your physician.

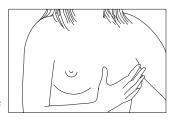
# FEMALE REPRODUCTIVE SYSTEM



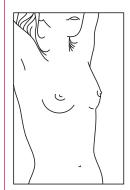
#### **BREAST SELF-EXAMINATION**

#### In the shower:

Examine your breasts during bath or shower; hands glide easier over wet skin. Fingers flat, move gently over every



part of each breast. Use right hand to examine left breast, left hand to examine right breast.



hard knot or thickening.

Check for any lump,

#### **Before a mirror:**

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in the contour of each breast—a swelling, dimpling of the skin, or changes in the nipple.



Rest the palms on hips and press down firmly to flex your chest muscles. Left and right breasts will not exactly match – few women's breasts do.

Regular inspection shows what is normal for you and will give you confidence in your examination.

### Lying down:

To examine your right breast, put a pillow or folded towel un-



der your right shoulder. Place your right hand behind your head – this distributes breast tissue more evenly on the chest. With left

hand, fingers flat, press gently in small circular motions around an imaginary clock face. Begin at the outermost top of your right breast for 12 o'clock, then move to 1 o'clock, and so on around the circle back to 12. A ridge of firm tissue in the



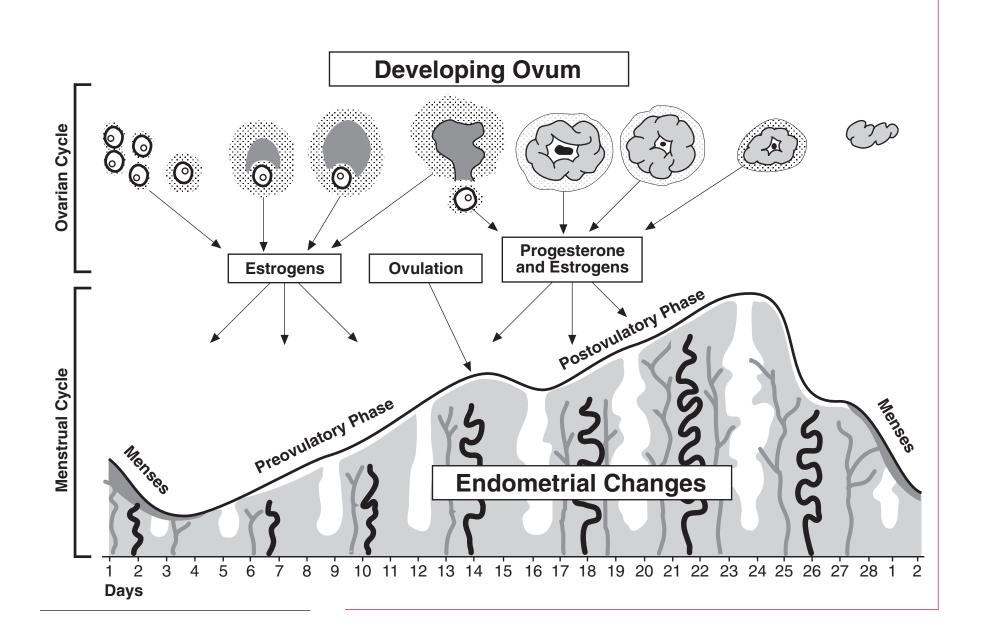
lower curve of each breast is normal. Move in an inch toward the nipple, keep circling to examine every part of your breast, including the nipple. This requires at least three more circles. Slowly repeat procedure on your left



breast with a pillow under your left shoulder and your left hand behind head. Notice how your breast structure feels

Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge should be reported to your doctor immediately.

## OVULATORY/MENSTRUAL CYCLE



## **FETAL DEVELOPMENT**

FIRST TRIMESTER	(1–13 WEEKS)	<b>FORMATION OCCURS</b>
Approximate Age	Length/Weight*	Events
8 days	grain of sand	<ul><li>embryo implants</li></ul>
23 days	3–4 mm	<ul> <li>heart begins to beat</li> </ul>
28 days	4–5 mm	<ul><li>appearance of limb buds</li></ul>
30 days	1/4 inch	<ul> <li>formation of facial features</li> </ul>
6 weeks		<ul><li>outline of fingers</li><li>movement of body parts</li></ul>
7 weeks	1 inch	<ul><li>skeleton takes form</li><li>formation of external genitalia</li></ul>
10-12 weeks	3 inches, 1 ounce	<ul> <li>now called a fetus</li> <li>toenails and fingernails formed</li> <li>internal organs begin limited functioning</li> <li>features easily identified</li> <li>sensitive to stimulus</li> </ul>

**LENGTH INCREASES** 

# SECOND TRIMESTER (14–26 WEEKS)

Approximate Age	Length/Weight*	Events
14 weeks	4–5 inches	<ul><li>growth continues</li><li>fetus skin is covered with fine hair</li></ul>
16-17 weeks	6 inches	•fetal movement can be felt
22-24 weeks	12 inches, 1 pound	<ul><li>hearing developed</li><li>hair appears</li><li>subcutaneous fat develops</li></ul>
25-26 weeks	14 inches, 2 lbs.	<ul> <li>eyes open</li> <li>fetus sleeps and wakes</li> <li>is sensitive to light</li> <li>survival possible (but not likely) outside the uterus</li> </ul>

THIRD TRIMESTER	(27–40 WEEKS)	WEIGHT & BULK INCREASE
Approximate Age 28 weeks	Length/Weight* 2.25 lbs.	<ul><li>Events</li><li>fetus recognizes voices and is able to learn</li></ul>
32 weeks	4–5 lbs. 14 inches	<ul><li>steady growth</li><li>fetus gains approximately</li><li>1/2 lb. each week</li></ul>
37 weeks	6-7 lbs.	<ul> <li>growth continues</li> <li>skin becomes smooth</li> <li>fetus moves into position for birth</li> <li>all births prior to this time considered premature</li> </ul>
40 weeks	20–21 inches 7–8 lbs.	•full-term pregnancy

 $<sup>\</sup>ensuremath{^{\star}}$  These figures represent average baby size and weight.

# SOCIAL AND/OR EMOTIONAL EFFECTS OF SEXUAL ABUSE

#### **SHORT-TERM:**

- Feelings of fear, shame, anger, guilt, anxiety, or confusion
- Nightmares or difficulty sleeping
- Low self-esteem
- Antisocial behavior, including rebelliousness or running away
- Increased hostility or aggression

#### **LONG-TERM:**

- Anxiety
- Low self-esteem
- Depression
- Thoughts of suicide
- Difficulty in relationships because of poor social skills and inability to trust others
- Distorted attitudes about sex resulting in inappropriate sexual adjustments
- Difficulty in providing proper parenting to one's own children

# CONTRACEPTION

METHOD	ABSTINENCE	ADVANTAGES	Convenient. More regular, predictable, and lighter periods.			
DESCRIPTION	The safest and most effective way of preventing pregnancy is abstinence (not having intercourse).	DISADVANTAGES	Less anemia, acne, and ecto- pic pregnancy. Protection from breast and uterine cancer.			
FUNCTION	No intercourse takes place.	DISADVANIAGES	Need health care evaluation, prescription, and follow-up.			
EFFECTIVENESS	Pregnancy and sexually transmitted diseases are 100% avoided.		Does not protect against sexually transmitted diseases. Initially some women will have nausea, fatigue, menstrual			
ADVANTAGES	No need to worry about pregnancy or sexually transmitted diseases.		spotting, weight gain, or weight loss. Rare problems associated with blood clotting.			
DISADVANTAGES	None.	METHOD	IUD (INTRAUTERINE DEVICE)			
METHOD	PILL*	DESCRIPTION	A small plastic device that con-			
DESCRIPTION	There are two basic types: A combination pill containing the two female hormones	DEGCKII NON	tains metal or progesterone that is inserted by a physician into the uterus.			
	progesterone and estrogen, and a "mini" pill containing progesterone only.	FUNCTION	Changes the lining of the uterus so a fertilized egg will not attach.			
FUNCTION	The combination pill blocks ovulation (release of the egg). The mini pill changes cervical mucous so sperm cannot enter	EFFECTIVENESS	Of 100 women using, 2-6 women may become pregnant in the first year.			
	and may prevent ovulation.	<b>ADVANTAGES</b>	Does not require any action to			
EFFECTIVENESS	Almost 100%. Less than per- fect use of the pill prevents 97 women out of every 100 from		be taken daily or at the time of intercourse. Most women won't have problems.			
* Requires a doc:	becoming pregnant. Failure usually occurs from forgetting to take the pill.  tor's prescription.	DISADVANTAGES	Increased menstrual cramps and bleeding. Some increased risk for ectopic pregnancy and pelvic inflammatory disease. Uterine puncture rarely occurs with insertion. Does not protect against sexually transmitted diseases.			

METHOD	•	METHOD	CONDOMS	METHOD	SPERMICIDES	
DESCRIPTION	CAP*  The diaphragm is made of rubber with a flexible spring rim and is used with a spermicide.  The cervical cap is a smaller	DESCRIPTION	Condoms (also called Rubber or Prophylactic) are a male contraceptive device. Made of rubber, latex, or animal membrane.	DESCRIPTION	Spermicides (to kill sperm) are available as creams, jellies, tablets, foams, or suppositories.  Spermicides placed in the	
	rubber device also used with a spermicide.	FUNCTION	Act as a barrier. Collect the semen with sperm, and keep	IONCHON	vagina chemically inactivate or kill sperm.	
FUNCTION	Acts as a barrier. It covers the cervix (entrance to the uterus) so that sperm cannot enter.	FFF CTIVENESS	them from entering the vagina.	EFFECTIVENESS	79-82 women out of 100 will have pregnancy prevented.	
EFFECTIVENESS	If used exactly right, the dia- phragm prevents pregnancy	EFFECTIVENESS	If used perfectly, will prevent 98 out of 100 women from becoming pregnant. In actual		Failure is usually from misuse or not using.	
	for 97 out of 100 women with less than perfect use, they both prevent about 82 out of 100 women becoming pregnant.		use, less than perfect, they prevent 88 out of 100. Use with a spermicide increases effectiveness. (Nonoxynal-9	ADVANTAGES	Easy to buy and use. Available without prescription. Should not be confused with other feminine hygiene products.	
ADVANTAGES	Health risk is low. Once learned, insertion is easy. Used only at the time of intercourse.	ADVANTAGES	has been shown to kill the AIDS virus, HIV.)  No risk to health. Reliable. Latex	DISADVANTAGES	No known side effects. May rarely cause irritation of the genital area. Does not protect against sexually transmitted diseases.	
DISADVANTAGES	May cause more bladder infections, occasional allergic reactions, to a promiside.		types help prevent sexually transmitted diseases, including AIDS. Easy to obtain. Effective			
	tion to spermicide. Requires planning and comfort with insertion into vagina. Requires an exam and fitting by health		back-up method. Do not require a prescription. Can be used in conjunction with other	METHOD	LONG-TERM PROGESTERONES*	
	care provider. Does not protect against sexually transmitted diseases.	DISADVANTAGES	methods to protect against sexually transmitted diseases.  Require planning. Should not be	DESCRIPTION	Depo-Provera "the birth control shot" is given every 3 months. Norplant, a surgically-placed	
	aiseases.	DISADVANIAGES	used with oil-based lubricants. Failure usually results from improper use or storage.	FUNCTION	device containing progesterone, is good for 5 years.	
					Progesterone blocks the messenger hormone from the brain that triggers ovulation or release of the egg. Also changes the uterine lining to make it unfavorable for pregnancy.	

**EFFECTIVENESS** Norplant is as effective as the

pill. Depo-Provera is as or more

effective.

**ADVANTAGES** Highly effective and long-term.

Do not require any action to be taken daily or at the time of intercourse. Reversible with no effect on long-term fertility.

**DISADVANTAGES** Requires medical evaluation

and follow-up. Cost. Does not protect against sexually transmitted disease or AIDS. The shot is not approved by the Food and Drug Administration for contraception. Unpredictable in terms of bleeding; 1/3 of women will have no periods, 1/3 will bleed regularly, 1/3 will

have irregular bleeding.

METHOD NATURAL FAMILY PLANNING

 $\textbf{DESCRIPTION} \quad \text{Based on not having intercourse}$ 

at or around the time of ovulation. This method depends on recognizing changes associated with ovulation. Professional auidance is necessary.

**FUNCTION** This method depends on avoid-

ing intercourse during the fertile time of the cycle. Reduces the possibility of fertilization.

EFFECTIVENESS Preanancy is prevente

Pregnancy is prevented in 80 of 100 women using this

method.

**ADVANTAGES** No negative effects on physical

health.

**DISADVANTAGES** 

Needs to be well planned with counseling and understanding of an individual's fertility. Does not prevent sexually transmitted

diseases.

METHOD WITHDRAWAL

**DESCRIPTION** Withdrawal of the penis before

ejaculation occurs.

**FUNCTION** Withdrawal of the penis reduces

the amount of sperm entering

the vagina.

**EFFECTIVENESS** Very ineffective. Small amounts

of seminal fluid precede ejaculation and contain large amounts of sperm. Penetration and ejaculation are not necessary for conception to occur.

ADVANTAGES No real advantages. Concep-

tion is still possible.

**DISADVANTAGES** Many. This is a very poor meth-

od. Does not protect against sexually transmitted diseases.

#### **GLOSSARY**

- **Abortion:** The spontaneous or medically induced removal of the contents of the uterus during pregnancy.
- **Abstinence:** Not engaging in sexual intercourse.
- **Adolescence:** The period of life between the onset of puberty and the cessation of major body growth changes.
- AIDS: Acquired Immune Deficiency Syndrome. A disease caused by the Human Immunodeficiency Virus (HIV).
- Androgen: A class of hormones that promotes the development of male genitals and secondary sex characteristics and influences sexual motivation in both sexes. It is produced by the adrenal glands in males and females and by the testes in males.
- **Areola:** The darkened circular area surrounding the nipple of the breast.
- **Birth canal:** Another term for the vagina.
- **Bisexual:** A person who feels sexual attraction to or has sexual contact with both sexes.
- **Breasts:** (mammary glands) Milk producing organs of the female.
- **Cervix:** The small end of the uterus which is located at the back of the vagina.
- **Child abuse:** Physical, sexual, or emotional mistreatment of a child.

- **Circumcision:** The removal of the foreskin from a penis.
- **Clitoris:** A highly sensitive structure of the female external genitals.
- **Conception:** The act of becoming pregnant.
- **Contraception:** Techniques, drugs, or devices to prevent conception.
- **Crush:** An intense and usually passing infatuation.
- **Date rape:** Forced, tricked, or manipulated intercourse.
- **Dating:** Extension of friendship in which spending time with a specific person is the primary objective.
- **Ejaculation:** The process whereby semen is expelled out of the body through the penis.
- **Embryo:** A human being in the early stages of growth and differentiation.
- **Endocrine system:** A system of ductless glands that produce hormones and secrete them directly into the bloodstream.
- **Endometrium:** The tissue that lines the inside of the uterine walls.
- **Epididymis:** The structure along the back of each testicle where sperm maturation occurs.
- **Erection:** The process of the penis and clitoris engorging with blood and increasing in size.

Estrogen: A class of hormones that produces female secondary sex characteristics and affects the menstrual cycle.

Also found in lesser amounts in males.

Fallopian tubes: Two tubes that extend from near each ovary and connect to the uterus. The eggs travel through these tubes and fertilization usually takes place here.

Fertility: The quality or state of being fertile.

**Fertilization:** The union of a male sperm with a female ova. Also called conception.

**Fetus:** A developing human from three months after conception to birth.

**Fidelity:** The quality or state of being faithful.

**Fimbriae:** Fringe-like ends of the fallopian tubes into which the released ovum enters.

First-stage labor: The initial stage of childbirth in which regular contractions begin and the cervix dilates.

**Fondling:** To show affection or desire by caressing.

**Foreskin:** A covering of skin over the penile or clitoral glans.

**Gamete:** A mature male or female germ cell capable of forming a new individual by fusion with the gamete of the opposite sex.

Gay: Homosexual.

**Gender:** How one psychologically perceives oneself as either male or female.

**Gender roles:** Patterns of behavior thought to be either male or female.

**Genitals:** The sexual organs of males and females.

**Glans:** The head of the penis or clitoris; containing many nerve endings.

**Goals:** An end toward which effort is directed.

Gonads: Ovaries or testes.

**Gynecology:** The medical practice specializing in women's health and diseases of the reproductive and sexual organs.

**Heterosexual:** A person whose primary social, emotional, and sexual orientation is towards members of the opposite sex.

HIV: Human Immunodeficiency Virus.

Homosexual: A person whose primary social, emotional, and sexual orientation is towards members of the same sex.

**Hormones:** Chemical substances produced by endocrine glands that affect the functioning of other organs.

**Hymen:** Tissue that partially covers the vaginal opening.

**Hypothalamus:** A portion of the brain that regulates several body processes.

**Immature love:** Relationships that are onesided or based on idealization, unrealistic expectations, or insecurity.

**Incest:** Sexual interaction between close relatives other than husband and wife.

**Independence:** Not being controlled by others.

**Infatuation:** A foolish or extravagant love or admiration.

**Infertility:** The state of not being fertile or productive

**Intercourse:** Physical sexual contact between individuals involving the genitals.

**Intimacy:** A close personal relationship characterized by affection or love.

**Labia majora:** The outer lips of the vulva on both sides of the vaginal opening.

Labia minora: The inner lips of the vulva.

**Labor:** To work at giving birth.

**Lesbian:** A woman whose primary social, emotional, and sexual attraction is towards members of the same sex.

**Mammary gland:** The milk-producing glands of a female.

Marriage: An institution where a man and a woman are joined legally for the purpose of founding and maintaining a family.

- Mature love: Relationships based on acceptance and concern for another individual's needs and happiness.
- **Menarche:** The initial onset of menstrual periods in a young woman.
- **Menopause:** Cessation of menstruation due to the aging process or surgical removal of the ovaries.
- Menstrual cycle: The process during which an egg matures and is released, and the uterus prepares to receive it. An average menstrual cycle lasts 28 days.
- **Menstruation:** Built-up uterine lining that is sloughed off the walls of the uterus and is discharged through the vaginal opening.
- **Miscarriage:** The spontaneous premature termination of a pregnancy. Also known as a spontaneous abortion.
- **Mons pubis:** Round fatty tissue that lies over the public bone.
- **Neglect:** Giving insufficient attention to a child's physical needs.
- **Nocturnal emission:** Involuntary ejaculation during sleep, also known as a "wet dream"—occurs in males.
- **Nocturnal orgasm:** Similar to nocturnal emissions but occurs in females without any ejaculation.

- **Orgasm:** A series of muscular contractions of the pelvic floor muscles occurring at the peak of sexual arousal.
- **Ovaries:** Two female sex glands that produce ova and sex hormones.
- **Ovulation:** The release of a mature ovum from the Graafian follicle of the ovary.
- Ovum: The female reproductive cell.
- **Pediatrician:** A physician who treats children and adolescents.
- **Penis:** A male sexual organ consisting of the internal root, external shaft, and alans.
- **Pituitary gland:** A gland located in the brain that secretes hormones which influence the activity of other glands.
- Placenta: A disc-shaped organ attached to the uterine wall and connected to the fetus by the umbilical cord. Nutrients, oxygen, and waste products pass between mother and fetus through its cell walls.
- **Pornography:** Visual and written materials of a sexual nature for purposes of sexual arousal.
- **Post ovulatory:** The period of time during the menstrual cycle following ovulation.
- **Premarital sex:** A term commonly used to categorize coitus that occurs before marriage.

- Premenstrual syndrome: Hormonal condition marked by physical and emotional changes occurring immediately before the start of menstruation.
- **Prepuce:** Foreskin of the penis.
- **Progesterone:** The hormone produced by the corpus luteum of the ovary that causes the uterine lining to thicken.
- Prostate gland: A gland located at the base of the bladder that produces the greatest portion of the volume of seminal fluid released during ejaculation.
- **Prostitution:** Engaging in sex acts for profit.
- **Pubic hair:** Hair surrounding the male and female genital areas.
- **Rape:** Sexual intercourse that occurs without consent under actual or threatened force.
- Rape trauma syndrome: The emotional difficulties women may experience after they have been raped.
- **Scrotum:** The pouch of skin of the external male genitals that encloses the testicles.
- Secondary sex characteristics: The physical characteristics other than genitals that indicate sexual maturity, such as body hair, breasts, and deepened voice.
- **Second-stage labor:** The middle stage of labor in which the infant descends through the vaginal canal.

- **Self-esteem:** The value or worth we place on ourselves.
- **Self-induced abortion:** When a pregnant female causes herself to miscarry.
- **Semen:** A viscous fluid ejaculated through the penis that contains sperm and fluids from the prostate, seminal vesicles, and Cowper's glands.
- **Sexual abstinence:** Deliberately refraining from sexual activity.
- **Sexual abuse:** Sexual activity between a child and an adult, including incest, pedophilia, exhibitionism, child pornography, and child prostitution.
- **Sexual harassment:** Unwanted or unwelcome sexual attention or activity.
- Smegma: A cheesy substance of glandular secretions and skin cells that sometimes accumulates under the foreskin of the penis or hood of the clitoris.

**Sperm:** The male gamete.

**Spermatogenesis:** Sperm production.

- **Spontaneous abortion:** Commonly called a miscarriage, the fetus is expelled from the uterus early in pregnancy before it can survive on its own outside the uterus.
- **Statutory rape:** Intercourse with a person under the legal age of consent.

- **Testicle:** Male gonad inside the scrotum that produces sperm and sex hormones.
- **Testosterone:** A major male hormone produced by the testes.
- **Therapeutic abortion:** Medically or surgically ending a pregnancy.
- **Third-stage labor:** The last stage of childbirth in which the placenta separates from the uterine wall and comes out of the vagina.
- Toxic shock syndrome: A disease caused by bacteria that produce toxins and may be associated with the use of super absorbent tampons or the extended presence of tampons in the vagina.
- **Trimesters:** Three-month segments dividing the nine months of pregnancy.
- Umbilical cord: The cord that connects the embryo to the placenta through which blood flows from the placenta and nutrients and oxygen flow from the mother.
- **Urethra:** The tube through which urine passes from the bladder to outside the body.
- **Urology:** The medical speciality dealing with reproductive health, genital diseases of the male, and urinary tract diseases in both sexes.
- **Uterus:** A pear-shaped organ inside the female pelvis within which the fetus develops.

- **Vagina:** A stretchable canal in the female that opens at the vulva and extends into the pelvis.
- **Virgin:** Someone (male or female) who has never engaged in sexual intercourse.
- Vulva: The external genitals of the female, including the mons veneris, labia majora, labia minora, clitoris, and urinary and vaginal openings.
- **Zygote:** The single cell resulting from the union of sperm and egg cells.

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Patti Harrington, Ed.D. State Superintendent of Public Instruction

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